

Medicare Supplement Insurance Approved Policies

January 2004

**For more information on health insurance call:
MEDIGAP HELPLINE
1-800-242-1060**

This is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care and funded by the Office of the Commissioner of Insurance to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.



***Deaf, hearing, or speech impaired callers
may reach OCI through WI TRS.***

**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873**

**OCI's World Wide Web Home Page:
oci.wi.gov**

**The mission of the Office of
the Commissioner of Insurance . . .**

**Leading the way in
informing and protecting
the public
and
responding to their
insurance needs.**

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

The Office of the Commissioner of Insurance (OCI) does not represent that the information is complete, accurate or timely in all instances. All information is subject to change on a regular basis, without notice.

Printed copies of publications are updated annually unless otherwise stated. In an effort to provide more current information, publications available on OCI's Web site are updated more frequently than the hardcopy versions to reflect any necessary changes. Visit OCI's Web site at **oci.wi.gov**.

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INTRODUCTION

This booklet contains information on Medicare supplement insurance policies approved by the Office of the Commissioner of Insurance (OCI). It includes only policies currently being sold in Wisconsin. Group policies sold through employers are not included in this booklet. The annual premium rates listed are current as of the date on the front of the booklet. Rates may change between editions of the booklet.

If you have questions or concerns about your insurance company or agent, write to the insurance company or agent involved. Keep a copy of the letter you write. If you do not receive satisfactory answers, please contact:

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0103

For information on filing a complaint with OCI, call:

Insurance Complaint Helpline
1-800-236-8517 (Statewide)
(608) 266-0103 (Madison)

Deaf, hearing, or speech impaired callers may reach OCI through WI TRS.

OCI's World Wide Web home page: **oci.wi.gov**

A [complaint form](#) is available on OCI's Web site and at the back of this booklet.

For more detailed information on Medicare and Medicare supplement insurance, visit our Web site or contact OCI and request a copy of the booklet, [Wisconsin Guide to Health Insurance for People with Medicare](#).

IMPORTANT NOTICE

Medicare supplement insurers are required to offer an open enrollment period to all individuals who enroll in Medicare Part B. Open enrollment means insurers must make coverage available to all new Medicare Part B enrollees, regardless of age, for 6 months beginning with the date they enroll in Medicare Part B. The insurers may not deny or condition the issuance of a policy on the person's health status, claims experience, receipt of health care, or medical condition. Insurers may still require a 6-month waiting period before preexisting health conditions are covered.

In addition, individuals who are under age 65 and eligible for Medicare due to disability or end-stage renal disease are entitled to a 6-month open enrollment period upon reaching age 65.

EFFECTS OF 1997 BALANCED BUDGET ACT ON MEDICARE SUPPLEMENT INSURANCE

The Balanced Budget Act of 1997 (BBA) brought about some changes regarding retirement and health care that are of key importance to consumers. The federal legislation requires that Medicare supplement insurance, or Medigap, provide a guarantee issue period and limit preexisting condition waiting periods.

Guarantee Issue

The BBA guarantees that Medicare supplement or Medigap policies be issued to individuals covered by Medicare in several instances. If you are terminated from a defined employee welfare benefit plan, Medicare+Choice plan, insolvent issuer, or nonissuer organization and apply for a Medicare supplement within 63 days, you must be guaranteed coverage. In this situation, you will be provided a notification that explains your individual rights to guarantee issue of Medigap insurance. You must submit a copy of this notice or other evidence of termination with your application for a Medigap policy.

Limitation of Preexisting Conditions

The BBA also addressed the limitation of preexisting conditions during an open enrollment period. A Medigap policy can no longer exclude coverage for a preexisting condition if you had a continuous period of creditable coverage for at least 6 months prior to applying for a Medigap policy.

ORIGINAL MEDICARE

Medicare is divided into two types of coverage. Hospitalization insurance (**Part A**) pays hospital bills and certain skilled nursing facility expenses. Medical insurance (**Part B**) pays doctors' bills and certain other charges.

Part A - Hospital Insurance Benefits

Medicare Part A covers hospitalization, including room and board, nursing charges, and miscellaneous charges after an initial deductible (\$876). Medicare also covers some post-hospital stays in a skilled nursing facility. Most nursing home stays are not covered by Medicare or Medigap insurance.

Part B - Medical Insurance Benefits

Medicare Part B covers many medical costs. After a \$100 annual deductible, Medicare pays 80% of Medicare-approved charges for covered expenses. All of the policies described in this booklet pay 20% of Medicare's approved charges.

Federal law limits the amount a doctor who does not accept assignment may charge you for Medicare-covered services. Your doctor may not charge more than the "limiting charge." For 2004, the limit is 115% of the Medicare-approved amount. Medicare supplement policies that include the Part B excess charges rider will pay the full difference between Medicare's payment and this limiting charge.

Preventive Care Benefits

Medicare pays 80% of the approved amount for annual preventive mammography screening, pap smears, and pelvic exams for high risk women, while continuing to provide coverage to non-high risk women on an every third year basis, and prostate cancer screenings for men. The Part B deductible has been waived for each of these coverages. Some colorectal cancer screening, diabetic self-management coverage, and bone mass measurements will be paid.

The Medicare Prescription Drug, Improvement, and Modernization Act

On December 8, 2003, President George W. Bush signed the Medicare Prescription Drug, Improvement, and Modernization Act. In addition to providing coverage for outpatient prescription drugs, this federal legislation, among other things, will make changes to the traditional Medicare program and to private Medicare supplement insurance plans.

Except for the provision of federally issued prescription drug discount cards, the **legislation does not go into effect until January 1, 2006**. Prescription drug discount cards will become available sometime in the spring of 2004. Check with your [county benefit specialist](#) for the effects of this new federal legislation on [SeniorCare](#), the Wisconsin sponsored prescription drug discount program.

Beginning in 2006, anyone eligible for Medicare Part A or enrolled in Part B will be eligible to participate in the new Medicare outpatient prescription drug plan, or Medicare Part D. Participation in the program will be voluntary, but there may be significant penalties for those who do not enroll when they initially become eligible and decide to enroll at a later date.

Additionally, **beginning in 2006**, private Medicare supplement insurance plans will no longer be able to provide outpatient prescription drug coverage. In general, only federally authorized Prescription Drug Plans (PDPs) or Medicare Advantage (currently known as Medicare+Choice) plans will be offering outpatient prescription drug coverage.

For now, the Office of the Commissioner of Insurance (OCI) suggests that people who are in or eligible for Medicare monitor news releases, consumer group publications, and information from state and federal governmental agencies providing information on the new law. OCI will also periodically provide updated information to Medicare-eligible consumers so that they, at the appropriate time, can make informed decisions concerning their health insurance coverage.

“MEDIGAP” INSURANCE

If you do not have adequate group insurance and are not eligible for Medicaid, you may want to buy an individual Medicare supplement insurance policy, a Medicare select policy, a Medicare+Choice insurance policy, a Medicare cost insurance policy, or join an association and receive coverage through an association group Medicare supplement policy.

Medigap Policies—Traditional Insurers

With a traditional insurance plan, you are billed for each service you receive and you are permitted to go to any doctor. You may have to submit your claim to the insurance company for payment.

All policies offered by a traditional insurer include a basic core of benefits. In addition to the basic benefits, insurance companies are permitted to offer specified optional benefits. Each of the options that an insurance company offers must be priced and sold separately from the basic policy. The minimum required benefits and the optional benefits are described on [page 11](#).

Medigap Policies—High Deductible Plan

The high deductible plan is very similar to the traditional insurance plan. You are billed for each service you receive and you are permitted to go to any doctor.

In the high deductible plan, the basic core of benefits also includes the Part A deductible, Part B deductible, Part B excess charges, additional home health visits, and foreign travel.

The annual high deductible will consist of out-of-pocket expenses, other than premiums, for covered services and will be in addition to any other specific benefit deductibles.

Association Group Insurance

Many associations offer group health insurance coverage to their members. Just because you are buying through a group does not mean that you are getting a low rate. Group insurance can be as expensive as or more costly than comparable coverage under individual policies. Be sure you understand the benefits included and then compare prices. Association groups that offer Medigap insurance must comply with the same rules that apply to other Medigap policies.

Medigap Policies—Medicare Select

Medicare select policies began in 1992 to encourage managed care options in Medigap insurance. Medicare select policies are offered by health maintenance organizations (HMOs) and preferred provider organizations (PPOs). HMOs are prepaid health plans. You pay the HMO a set premium each month for all covered services. You must use the doctors and hospitals that are connected to the plan. There is less paperwork if you join an HMO. PPOs will provide reduced benefits if you receive care from providers who are not connected to the plan.

All Medicare select policies contain similar benefits and these benefits are included in the basic policy. The only optional benefit that may be included in a Medicare select policy is a prescription drug benefit. The minimum required benefits and the optional benefits are described on [page 12](#).

IMPORTANT NOTICE

The state of Wisconsin has received a waiver from the federal standardization regulations on Medicare supplement insurance. This means that policies sold in Wisconsin are somewhat different from those available in other states. This booklet describes only those policies that are available in Wisconsin.

Medicare select policies are part of a demonstration project by the federal government. Policies sold in Wisconsin under this project will be guaranteed renewable for life. This means that if you buy one, you can continue your coverage even if the demonstration project ends.

Medicare+Choice Insurance

Medicare+Choice is a special arrangement between the federal [Centers for Medicare & Medicaid Services \(CMS\)](#) and certain insurance companies. Under this arrangement the

federal government pays the insurance company a set amount for each Medicare beneficiary. The insurance company agrees to provide all Medicare benefits. The insurance company may provide some additional benefits, but it may also require payment of an additional premium. Beneficiaries under Medicare+Choice plans continue to pay the Part B Medicare premium to CMS. **Your Medicare+Choice plan can terminate at the end of the contract year if either the plan or CMS decides to terminate their agreement.** Medicare+Choice plans are not regulated by the State of Wisconsin Office of the Commissioner of Insurance. Therefore, these plans are **NOT** required to cover Wisconsin mandated benefits, nor are the plans guaranteed renewable for life like the Medicare supplement plans listed in this booklet.

Medicare Cost Insurance

Medicare cost insurance is another type of special arrangement between the federal CMS and certain HMOs. The HMO agrees to provide Medicare benefits. The HMO may provide additional benefits at additional cost.

Medicare cost insurance will only pay full supplemental benefits if covered services are obtained through HMO plan providers. You must live in the plan service area to apply for Medicare cost insurance. The HMO plan providers are selected by the HMO.

In a Medicare cost insurance policy you are **not “locked in”** to the HMO plan providers for your Medicare benefits. Medicare will still pay its share of approved charges if the services you receive outside the network are services covered by Medicare. If you go to a health care provider who does not belong to your HMO without a referral from your HMO physician, you will pay for all Medicare deductibles and copayments. The HMO will not provide supplemental benefits.

Remember: If you buy a policy from an HMO, you will not have to file claims. Except for out-of-area claims, the HMO will take care of all your paperwork. You also do not have to pay charges in excess of Medicare’s approved charge.

POLICY DESCRIPTION

Shopping around for insurance to supplement Medicare is a good idea. Check on premiums, waiting periods, and how selective the company is in offering coverage. This booklet is a good place to start. If you are interested in one of the policies in this booklet, contact the company directly or call a local agent for the company.

The charts on [pages 11](#) and [12](#) provide a brief description of benefits of Medicare supplement and Medicare select policies. Check the Outline of Coverage that you receive from the company and the policy itself for details. A booklet entitled *Medicare & You 2004* is available free from your Social Security office and explains Medicare benefits in detail. This booklet may be viewed on the World Wide Web by going to <http://www.medicare.gov> and clicking on Publications.

Direct Response Insurers

Direct response insurers sell Medigap insurance through the mail, without using agents. Their advertising must mention the availability of the Outline of Coverage and the insurer must send it to you with an application within 14 days of your request. Before completing the application, discuss it with a family member or a friend for comparison. Direct response insurers must follow the same rules as all other Medigap insurers. Since direct response insurers do not pay agent commissions, the premium costs for mail order insurance may often be lower, but not always.

The companies shown in this booklet have agreed to be listed, but there are other companies that sell Medicare supplement insurance that are not listed here. If you have been solicited by a company not listed in this booklet and have questions, contact:

Office of the Commissioner of Insurance
P. O. Box 7873
Madison, Wisconsin 53707-7873
1-800-236-8517 (Statewide)
(608) 266-0103 (Madison)

Deaf, hearing, or speech impaired callers may reach OCI through WI TRS.

NOTE

If you already have a Medicare supplement policy, it is generally NOT a good idea for you to change to a different policy. Be careful about replacing existing policies. There may be new restrictions placed on your benefits.

POLICY BENEFITS—TRADITIONAL INSURERS

All **Medigap** policies offered by traditional insurance companies provide the following benefits:

Basic Benefits

1. Copayment for 61st to 90th day of hospitalization **(\$219 a day)**
2. Copayment for 91st to 150th day of hospitalization **(\$438 a day)** - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$109.50 a day)**
4. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
5. First 3 pints of blood
6. 40 home health care visits in addition to Medicare
7. 20% of Medicare's Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments
8. Coverage for full usual and customary cost of non-Medicare diabetic supplies including insulin, non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
9. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required
10. Catastrophic coverage for 80% of outpatient prescription drug charges that exceed \$6,250 per calendar year

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Optional Benefits

Insurance companies may offer the following optional benefits as a separate benefit for an additional premium:

1. Part A deductible **(\$876)**
2. Additional home health care (up to 365 visits per year)
3. Part B deductible **(\$100)**
4. Part B excess charges up to the actual charge or the limiting charge, whichever is less
5. Outpatient Prescription Drug Rider: May have a deductible of up to \$250 per year and must pay at least 50% of drug costs, up to a maximum of at least \$3,000 per year.
6. Foreign Travel Rider: May have a deductible of up to \$250. Must pay at least 80% of billed charges for the first 60 consecutive days you are outside U.S. Benefit limit must be at least \$50,000 per lifetime.

POLICY BENEFITS—MEDICARE SELECT

All **Medicare select** policies provide the following benefits:

Basic Benefits

1. Part A deductible **(\$876)**
2. Copayment for 61st to 90th day of hospitalization **(\$219 a day)**
3. Copayment for 91st to 150th day of hospitalization **(\$438 a day)** - full coverage after Medicare days are exhausted
4. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$109.50 a day)**
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. First 3 pints of blood
7. Part B deductible **(\$100)**
8. 20% of Medicare's Part B services with no lifetime maximum and actual charges for authorized referral services
9. Catastrophic coverage for 80% of outpatient prescription drug charges that exceed \$6,250 per calendar year
10. 365 home health care visits including those paid by Medicare
11. Foreign Travel Rider: May have a deductible of up to \$250. Must pay at least 80% of billed charges for the first 60 consecutive days you are outside U.S. Benefit limit must be at least \$50,000 per lifetime.
12. Coverage for full usual and customary cost of non-Medicare diabetic supplies including insulin, non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
13. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required

Optional Benefits

Medicare select policies may include the following optional benefit as a separate benefit for an additional premium:

1. Outpatient Prescription Drug Rider: May have a deductible of up to \$250 per year and must pay at least 50% of drug costs, up to a maximum of at least \$3,000 per year

IMPORTANT ITEMS

Cost of Policies

Anyone buying a Medicare supplement policy should find out exactly what the premium will be. A few companies charge everyone the same amount. Most companies charge different premiums based on the age of the person applying for coverage. Several companies also use other factors, such as different rates for men and women or different rates in different parts of the state.

You should also find out what happens to your premium as you get older. The premium for your policy will increase every year primarily due to inflation in medical costs and the increase in Medicare deductibles and copayments. The amount your premium goes up may also depend upon the way in which the company reflects the aging of its policyholders in the rates charged. Be sure to ask the agent for any company you are considering what approach the company uses. The general approaches companies use are described below:

Attained Age. In addition to medical inflation and increased Medicare deductibles and copayments, your premium will also increase because you are older. This is due to the increased use of medical services as people age.

Issue Age. Your premium will increase due to medical inflation and increased Medicare deductibles and copayments. It will not increase due to your age. Your initial premium will be somewhat higher than under the Attained Age approach because a portion of the initial premium is used to prefund the increased claims cost in later years. As a result, the premium for later years should be somewhat less than it would be under an Attained Age approach.

No Age Rating. Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

Under Age 65. This is the premium you pay if, due to a disability, you enroll in Medicare under age 65.

Health History

Whenever an application includes health questions, the insurance company may use this information to refuse to issue a policy, to limit or exclude the coverage for a specific named condition, or void the policy because of misinformation on the application. Make sure all the information on the application is complete and accurate.

You do not have to provide health history if you apply in the first 6 months after you enroll in Medicare Part B. This time is called the open enrollment period.

Waiting Period

Many health insurance policies have waiting periods before coverage begins. If the policy excludes coverage for preexisting conditions for a limited time, this limitation must be stated clearly on the first page of the policy. The waiting period for preexisting conditions may not be longer than **6 months**, and only conditions treated during the 6 months before you take out the policy may be excluded. Insurance companies are required to waive preexisting condition waiting periods when one Medicare supplement policy is replaced with another (as long as there has been 6 months of continuous coverage).

Open Enrollment Period

All new Medicare Part B enrollees are entitled to an open enrollment period for 6 months for purchasing Medicare supplements beginning with the date they enroll in Medicare Part B regardless of age. An insurance company may not deny or condition the issuance or effectiveness of a policy on the person's health status, claims experience, receipt of health care, or medical condition during this time. The insurance company may still have waiting periods before preexisting health conditions are covered. If you are under age 65 and already enrolled in Medicare Part B, you will also have an open enrollment when you turn age 65.

First-Year Commissions

The first-year commission is the amount of your first year's premium that the insurance company pays to agents who sell its policy.

NOTE

Under Wisconsin law, all Medicare supplement insurance policies must include an appeal procedure for claim denials. This procedure will be explained in your policy and Outline of Coverage.

The "Annual Premium - Basic Policy" on the charts on the following pages gives the cost for the basic benefits. The "Annual Premium - All Options" is the premium you would pay if you bought all of the options offered by the company. Be careful when comparing the "Annual Premium - All Options." Many companies do not offer all the same options.

MEDICARE SUPPLEMENT GRIEVANCE AND APPEAL RIGHTS

Grievance Procedure

If you have a complaint or question, you may wish to first contact your insurance company. Many complaints can be resolved quickly and require no further action. However, you do not have to file a complaint with your insurance company first before you file a complaint with the appropriate state agency.

All insurance companies are required to have an internal grievance procedure. If you are not satisfied with the service you receive, your insurance company must provide you with complete and understandable information about how to use the grievance procedure. You have the right to appear in person before the grievance committee and present additional information.

Insurance companies are required to have a separate expedited grievance procedure for situations where your medical condition might require immediate medical attention. The procedure requires insurance companies to resolve an expedited grievance within 72 hours after receiving the grievance.

Medicare supplement insurance companies are required to file a report with OCI listing the number of grievances they had in the previous year.

Benefit Appeal

If you are not satisfied with the denial of a benefit by your Medigap insurance company, you may appeal the decision. The insurance company must offer you the opportunity to submit a written request that the insurance company review the denial of benefits. Your policy or group insurance certificate and Outline of Coverage describe the benefit appeal procedure. If the insurance company denies any benefit under your Medigap policy, the insurance company must, at the time of denial, provide you with a written description of its appeal process.

Independent Review

If you are not satisfied with the outcome of a grievance, and the grievance involves a dispute regarding medical necessity or experimental treatment, you or your authorized representative may request that an independent review organization (IRO) review your insurance company's decision. The independent review process provides you with an opportunity to have medical professionals who have no connection to the insurance company review the dispute. You can choose an IRO from a list of review organizations certified by OCI. The IRO assigns the dispute to a clinical peer reviewer who is an expert in the treatment of your medical condition. The IRO has the authority to determine whether the treatment should be covered by the insurance company.

Your insurance company will provide you with information on the availability of this process whenever it makes a determination that is eligible for the independent review process.

NOTE

The following policies have been approved for sale by the Office of the Commissioner of Insurance as of January 2004. This may not be a complete list. For policies approved after this date, check our Web site.

INDIVIDUAL MEDIGAP POLICIES—TRADITIONAL INSURERS

American Family Mutual Insurance Company
6000 American Parkway
Madison, WI 53783

Consumer Service Telephone No. 1-608-249-2111

Form No. H-65(WI) Ed. 3/99

First-Year Commission: 10%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
Zip Codes 530, 533, 534, 539, 544, 549			Zip Codes 530, 533, 534, 539, 544, 549		
Age	Male	Female	Age	Male	Female
Under 65	\$1,446.80	\$1,270.00	Under 65	\$2,381.60	\$2,132.40
65	957.60	825.20	65	1,646.00	1,446.80
70	1,063.20	914.40	70	1,817.60	1,595.20
75	1,230.00	1,052.40	75	2,097.60	1,833.60
80	1,449.20	1,223.20	80	2,437.20	2,093.20
85	1,642.40	1,447.60	85	2,718.40	2,401.20
Zip Codes 535-538, 540-543, 545-548			Zip Codes 535-538, 540-543, 545-548		
Under 65	\$1,374.40	\$1,206.40	Under 65	\$2,273.20	\$2,036.40
65	909.60	784.00	65	1,569.20	1,380.00
70	1,010.00	868.40	70	1,736.80	1,520.40
75	1,168.40	999.60	75	2,002.80	1,752.00
80	1,376.80	1,162.00	80	2,325.60	1,998.80
85	1,560.40	1,375.20	85	2,592.80	2,291.60
Zip Codes 531 and 532			Zip Codes 531 and 532		
Under 65	\$1,519.20	\$1,333.20	Under 65	\$2,490.40	\$2,228.40
65	1,005.20	866.80	65	1,720.80	1,514.00
70	1,116.40	960.00	70	1,898.00	1,667.60
75	1,291.60	1,104.80	75	2,192.00	1,914.40
80	1,521.60	1,284.40	80	2,548.40	2,187.20
85	1,724.40	1,520.00	85	2,843.60	2,511.20

Premiums are based on **attained** age, **non-tobacco** rates. There is a different premium for each age between 65 and 85.

American Family Mutual Insurance Company (Non-Tobacco Rates Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 530, 533, 534, 539, 544, 549

Age	Male	Female
Under 65	\$501.20	\$455.20
65	344.40	306.80
70	392.80	343.60
75	481.60	420.40
80	570.40	484.80
85	631.20	536.80

Zip Codes 535-538, 540-543, 545-548

Age	Male	Female
Under 65	\$476.40	\$432.40
65	327.20	291.60
70	372.80	326.40
75	457.20	399.20
80	541.60	460.40
85	599.60	510.00

Zip Codes 531 and 532

Age	Male	Female
Under 65	\$526.40	\$478.00
65	361.60	322.40
70	412.40	360.80
75	505.60	441.20
80	598.80	508.80
85	662.80	564.00

Part B Deductible (\$100):

Zip Codes 530, 533, 534, 539, 544, 549

Age	Male	Female
Under 65	\$99.60	\$99.60
65	96.40	86.80
70	99.60	96.40
75	99.60	99.60
80	99.60	99.60
85	99.60	99.60

Zip Codes 535-538, 540-543, 545-548

Age	Male	Female
Under 65	\$99.60	\$99.60
65	91.60	82.40
70	99.60	91.60
75	99.60	99.60
80	99.60	99.60
85	99.60	99.60

Zip Codes 531 and 532

Age	Male	Female
Under 65	\$99.60	\$99.60
65	99.60	90.80
70	99.60	99.60
75	99.60	99.60
80	99.60	99.60
85	99.60	99.60

American Family Mutual Insurance Company (Non-Tobacco Rates Cont'd.)

Part B Excess Charges:

Zip Codes 530, 533, 534, 539, 544, 549

Age	Male	Female
Under 65	\$224.00	\$197.60
65	137.60	118.00
70	152.00	130.80
75	176.40	151.20
80	208.00	175.60
85	235.20	207.20

Zip Codes 535-538, 540-543, 545-548

Age	Male	Female
Under 65	\$212.80	\$188.00
65	130.80	112.00
70	144.40	124.00
75	167.60	143.60
80	197.60	166.80
85	223.20	196.80

Zip Codes 531 and 532

Age	Male	Female
Under 65	\$235.20	\$207.60
65	144.40	124.00
70	159.60	137.20
75	185.20	158.80
80	218.40	184.40
85	246.80	217.60

Additional Home Health Visits: \$56.00 for all ages in all areas

Foreign Travel: \$54.00 for all ages in all areas

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

American Family Mutual Insurance Company
6000 American Parkway
Madison, WI 53783

Consumer Service Telephone No. 1-608-249-2111

Form No. H-65(WI) Ed. 3/99

First-Year Commission: 10%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
Zip Codes 530, 533, 534, 539, 544, 549			Zip Codes 530, 533, 534, 539, 544, 549		
Age	Male	Female	Age	Male	Female
Under 65	\$1,880.80	\$1,650.80	Under 65	\$3,033.20	\$2,709.60
65	1,244.80	1,073.20	65	2,080.80	1,835.20
70	1,382.40	1,188.40	70	2,300.00	2,014.40
75	1,599.20	1,368.00	75	2,664.40	2,320.40
80	1,884.00	1,590.40	80	3,105.20	2,658.40
85	2,135.20	1,882.00	85	3,471.20	3,058.80
Zip Codes 535-538, 540-543, 545-548			Zip Codes 535-538, 540-543, 545-548		
Under 65	\$1,786.80	\$1,568.40	Under 65	\$2,892.40	\$2,584.80
65	1,182.40	1,019.20	65	1,987.20	1,753.60
70	1,313.20	1,129.20	70	2,195.20	1,924.40
75	1,519.20	1,299.60	75	2,541.20	2,214.80
80	1,790.00	1,510.80	80	2,960.80	2,535.60
85	2,028.40	1,788.00	85	3,308.00	2,916.40
Zip Codes 531 and 532			Zip Codes 531 and 532		
Under 65	\$1,974.80	\$1,733.20	Under 65	\$3,174.80	\$2,834.40
65	1,306.80	1,126.80	65	2,174.00	1,916.40
70	1,451.20	1,248.00	70	2,404.00	2,104.80
75	1,679.20	1,436.40	75	2,786.80	2,426.40
80	1,978.40	1,669.60	80	3,250.40	2,780.80
85	2,241.60	1,976.00	85	3,634.00	3,201.20

Premiums are based on **attained** age, **tobacco** rates. There is a different premium for each age between 65 and 85.

American Family Mutual Insurance Company (Tobacco Rates Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 530, 533, 534, 539, 544, 549

Age	Male	Female
Under 65	\$651.60	\$592.00
65	447.60	399.20
70	510.40	446.40
75	626.00	546.40
80	741.20	630.00
85	820.80	698.00

Zip Codes 535-538, 540-543, 545-548

Age	Male	Female
Under 65	\$619.20	\$562.40
65	425.20	379.20
70	484.80	424.00
75	594.40	519.20
80	704.40	598.40
85	779.60	663.20

Zip Codes 531 and 532

Age	Male	Female
Under 65	\$684.40	\$621.60
65	470.00	418.80
70	536.00	468.80
75	657.20	574.00
80	778.40	661.60
85	862.00	732.80

Part B Deductible (\$100):

\$99.60 for all ages in all areas

Part B Excess Charges:

Zip Codes 530, 533, 534, 539, 544, 549

Age	Male	Female
Under 65	\$291.20	\$257.20
65	178.80	153.20
70	197.60	170.00
75	229.60	196.40
80	270.40	228.40
85	305.60	269.20

Zip Codes 535-538, 540-543, 545-548

Age	Male	Female
Under 65	\$276.80	\$244.40
65	170.00	145.60
70	187.60	161.60
75	218.00	186.40
80	256.80	216.80
85	290.40	255.60

Zip Codes 531 and 532

Age	Male	Female
Under 65	\$306.00	\$270.00
65	187.60	161.20
70	207.20	178.40
75	240.80	206.40
80	284.00	240.00
85	320.80	282.80

American Family Mutual Insurance Company (Tobacco Rates Cont'd.)

Additional Home Health Visits: \$56.00 for all ages in all areas

Foreign Travel: \$54.00 for all ages in all areas

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

American Republic Insurance Company
601 6th Avenue
Des Moines, IA 50334

Consumer Service Telephone No. 1-800-943-2121

Form No. A-3405

First-Year Commission: Varies

Health History Requested: Detailed

Waiting Period: None

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
Zip Codes 530, 535, 537			Zip Codes 530, 535, 537		
Age	Male	Female	Age	Male	Female
Under 65	\$1,766.76	\$1,629.72	Under 65	\$2,307.12	\$2,098.68
65	883.44	814.80	65	1,203.60	1,099.32
70	1,126.08	1,016.16	70	1,498.08	1,353.52
75	1,354.92	1,196.64	75	1,772.76	1,562.52
80	1,568.76	1,356.48	80	2,028.12	1,756.44
84	1,746.84	1,485.36	84	2,239.56	1,913.28
Zip Codes 531, 532, 534			Zip Codes 531, 532, 534		
Under 65	\$2,019.12	\$1,862.52	Under 65	\$2,616.48	\$2,378.88
65	1,009.56	931.20	65	1,358.28	1,239.36
70	1,286.88	1,161.36	70	1,694.40	1,518.24
75	1,548.48	1,367.52	75	2,008.08	1,768.20
80	1,792.80	1,550.28	80	2,299.56	1,989.60
84	1,996.44	1,697.64	84	2,541.12	2,168.64
Zip Codes 541, 545, 548			Zip Codes 541, 545, 548		
Under 65	\$1,598.52	\$1,474.44	Under 65	\$2,100.96	\$1,911.96
65	799.20	737.28	65	1,100.40	1,005.96
70	1,018.80	919.44	70	1,367.04	1,227.12
75	1,225.80	1,082.64	75	1,615.80	1,425.48
80	1,419.36	1,227.36	80	1,847.04	1,601.16
84	1,580.52	1,344.00	84	2,038.68	1,743.12
Zip Code 546			Zip Code 546		
Under 65	\$1,514.40	\$1,396.92	Under 65	\$1,997.76	1,818.60
65	757.20	698.40	65	1,048.92	959.28
70	965.16	871.08	70	1,301.64	1,168.92
75	1,161.36	1,025.64	75	1,537.44	1,356.84
80	1,344.60	1,162.68	80	1,756.56	1,523.28
84	1,497.36	1,273.20	84	1,938.12	1,657.92

American Republic Insurance Company (Cont'd.)

Annual Premium - Basic Policy

Zip Codes Rest of State		
Age	Male	Female
Under 65	\$1,682.64	\$1,552.08
65	841.32	776.04
70	1,072.44	967.80
75	1,290.36	1,139.64
80	1,494.00	1,291.92
84	1,663.68	1,414.68

Annual Premium - All Options

Zip Codes Rest of State		
Age	Male	Female
Under 65	\$2,204.04	\$2,005.32
65	1,152.00	1,052.64
70	1,432.56	1,285.32
75	1,694.28	1,494.00
80	1,937.52	1,678.80
84	2,139.12	1,828.20

Premiums are based on attained age. There is a different premium for each age between 65 and 84.

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 530, 535, 537		
Age	Male	Female
Under 65	\$398.88	\$331.08
65	199.44	165.60
70	248.64	206.40
75	292.56	243.00
80	331.92	275.52
84	363.60	301.92

Zip Codes 541, 545, 548		
Age	Male	Female
Under 65	\$360.96	\$299.54
65	180.48	149.76
70	224.88	186.72
75	264.72	219.96
80	300.24	249.36
84	329.04	273.12

Zip Codes 531, 532, 534		
Age	Male	Female
Under 65	\$455.88	\$378.48
65	228.00	189.24
70	284.16	235.92
75	334.32	277.80
80	379.32	314.88
84	415.56	345.00

Zip Codes 546		
Age	Male	Female
Under 65	\$341.88	\$283.80
65	171.00	141.96
70	213.12	176.88
75	250.80	208.32
80	284.52	236.16
84	311.64	258.72

Zip Codes Rest of State		
Age	Male	Female
Under 65	\$379.92	\$315.36
65	189.96	157.68
70	236.76	196.56
75	278.64	231.48
80	316.08	262.44
84	346.32	287.52

American Republic Insurance Company (Cont'd.)

Part B Deductible (\$100): \$96.96 for all ages in all areas

Part B Excess Charges:		Male	Female
	Age: Under 65	\$21.12	\$17.52
	65	10.56	8.76
	70	13.20	10.80
	75	15.12	12.72
	80	17.28	14.28
	84	18.96	15.84

Additional Home Health Visits:		Male	Female
	Ages: Under 65	\$12.48	\$12.48
	65-84	6.24	6.24

Foreign Travel:		Male	Female
	Ages: Under 65	\$ 7.92	\$ 7.92
	65-84	3.96	3.96

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Bankers Life and Casualty Company
222 Merchandise Mart Plaza
Chicago, IL 60654-2001

Consumer Service Telephone No. 1-800-621-3724 or 1-312-396-6000

Form No. GR-A031 (99)

First-Year Commission: 15% Average

Health History Requested: Detailed

Waiting Period: None

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
	Zip Codes 530-532	Zip Codes Rest of State		Zip Codes 530-532	Zip Codes Rest of State
Age	Amount	Amount	Age	Amount	Amount
Under 65	\$2,194.45	\$1,917.15	Under 65	\$3,181.18	\$2,796.42
65	1,175.23	1,020.86	65	1,674.10	1,471.63
70	1,440.64	1,254.43	70	2,053.19	1,804.67
75	1,771.08	1,544.93	75	2,535.04	2,228.93
80	2,194.45	1,917.15	80	3,181.18	2,796.42

Premiums are based on attained age. There is a different premium for each age between 65 and 80.

Annual Premium - Optional Benefits				
		Zip Codes 530-532	Zip Codes Rest of State	
Part A Deductible (\$876):	Age:	Under 65	\$595.20	\$523.20
		65	273.05	239.89
		70	354.00	311.23
		75	459.16	403.74
		80	595.20	523.20
Part B Deductible (\$100):	\$99.93 for all ages in all areas			
Part B Excess Charges:	Age:	Under 65	\$ 94.04	\$ 82.58
		65	55.98	49.31
		70	66.76	58.47
		75	79.20	69.71
		80	94.04	82.58
Additional Home Health Visits:	Age:	Under 65	\$144.00	\$126.65
		65	38.51	33.93
		70	55.42	48.65
		75	83.02	73.09
		80	144.00	126.65
Foreign Travel:	Age:	Under 65	\$ 53.56	\$ 46.91
		65	31.42	27.71
		70	36.44	31.96
		75	42.65	37.53
		80	53.56	46.91

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

**Bankers Life and Casualty Company
222 Merchandise Mart Plaza
Chicago, IL 60654-2001**

Consumer Service Telephone No. 1-800-621-3724 or 1-312-396-6000

Form No. GR-A031HD

First-Year Commission: 11% Average

Health History Requested: Detailed

Waiting Period: None

**High Deductible Plan
Annual Premium**

Area (First 3 digits of zip code)

	Zip Codes 530-532	Zip Codes Rest of State
Age	Amount	Amount
Under 65	\$768.10	\$675.16
65	448.36	394.14
70	535.20	470.29
75	640.58	563.12
80+	768.10	675.16

Premiums are based on attained age. There is a different premium for each age between 65 and 80. Premium includes basic plan plus Part A Deductible (\$876), Part B Deductible (\$100), Part B Excess Charges, Additional Home Health Visits, and Foreign Travel.

A \$1,690.00 annual high deductible will consist of out-of-pocket expenses, other than premium for covered services, and will be in addition to any other specific deductibles.

Blue Cross Blue Shield of Wisconsin
401 West Michigan Street
P.O. Box 2025
Milwaukee, WI 53201-2025

Consumer Service Telephone No. 1-800-262-4143

Form No. S3509c (9/02)/S3509c(06/03)
Value Plus - open block

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: 3 Months

Area 1: Milwaukee, Waukesha, Racine, Kenosha, Washington and Ozaukee counties

Area 2: All other Wisconsin counties

Determine if you qualify for the Preferred or Standard Rate: Are you within your Medicare open enrollment period OR age 65 or older applying within 3 years of your Medicare part B effective date?

- If yes, you qualify for the Preferred Rate.
- If no, your answers to the health questions on the application will determine if you qualify for the Preferred or Standard Rate.

Annual Premium - Basic Policy

Annual Premium - All Options

Preferred Rates

Age	Area 1	Area 2
Under 65	\$2,760.00	\$2,346.00
65-69	985.20	837.60
70-74	1,202.40	1,022.40
75-79	1,466.40	1,246.80
80+	1,790.40	1,521.60

Standard Rates

Under 65	\$3,516.00	\$2,989.20
65-69	1,255.20	1,066.80
70-74	1,532.40	1,302.00
75-79	1,868.40	1,587.60
80+	2,280.00	1,938.00

Preferred Rates

Age	Area 1	Area 2
Under 65	\$3,622.80	\$3,103.20
65-69	1,354.80	1,168.80
70-74	1,632.00	1,405.20
75-79	1,968.00	1,692.00
80+	2,384.40	2,047.20

Standard Rates

Under 65	\$4,588.80	\$3,927.60
65-69	1,698.00	1,462.80
70-74	2,053.20	1,764.00
75-79	2,481.60	2,128.80
80+	3,009.60	2,581.20

Premiums are based on attained age.

Blue Cross Blue Shield of Wisconsin (Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Preferred Rates			Standard Rates		
Age	Area 1	Area 2	Age	Area 1	Area 2
Under 65	\$534.00	\$453.60	Under 65	\$680.40	\$578.40
65-69	190.80	162.00	65-69	242.40	206.40
70-74	232.80	198.00	70-74	296.40	252.00
75-79	283.20	241.20	75-79	361.20	307.20
80+	346.80	295.20	80+	441.60	375.60

Part B Deductible (\$100): \$94.80 for all ages in all areas

Part B Excess Charges:

Preferred Rates			Standard Rates		
Age	Area 1	Area 2	Age	Area 1	Area 2
Under 65	\$127.20	\$108.00	Under 65	\$162.00	\$138.00
65-69	45.60	38.40	65-69	57.60	49.20
70-74	55.20	46.80	70-74	70.80	60.00
75-79	68.40	57.60	75-79	86.40	73.20
80+	82.80	70.80	80+	105.60	90.00

Additional Home Health Visits:

Preferred Rates			Standard Rates		
Age	Area 1	Area 2	Age	Area 1	Area 2
Under 65	\$43.20	\$37.20	Under 65	\$55.20	\$46.80
65-69	15.60	13.20	65-69	19.20	16.80
70-74	19.20	15.60	70-74	24.00	20.40
75-79	22.80	19.20	75-79	28.80	24.00
80+	28.80	24.00	80+	36.00	31.20

Foreign Travel:

Preferred Rates		Standard Rates	
Age	Areas 1 and 2	Age	Areas 1 and 2
Under 65	\$63.60	Under 65	\$80.40
65-69	22.80	65-69	28.80
70-74	27.60	70-74	34.80
75-79	32.40	75-79	42.00
80+	40.80	80+	51.60

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Blue Cross Blue Shield of Wisconsin
401 West Michigan Street
P.O. Box 2025
Milwaukee, WI 53201-2025

Consumer Service Telephone No. 1-800-262-4143

Form No. VPHD-0912 (9/02)/VPHD-0912 (06/03)
Value Plus High Deductible - open block

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: 3 Months

Area 1: Milwaukee, Waukesha, Racine, Kenosha, Washington and Ozaukee counties

Area 2: All other Wisconsin counties

Determine if you qualify for the Preferred or Standard Rate: Are you within your Medicare open enrollment period OR age 65 or older applying within 3 years of your Medicare part B effective date?

- If yes, you qualify for the Preferred Rate.
- If no, your answers to the health questions on the application will determine if you qualify for the Preferred or Standard Rate.

Annual Premium - Basic Policy

Preferred Rates			Standard Rates		
Age	Area 1	Area 2	Age	Area 1	Area 2
Under 65	\$1,812.00	\$1,551.60	Under 65	\$2,294.40	\$1,964.40
65-69	678.00	584.40	65-69	849.60	732.00
70-74	816.00	703.20	70-74	1,027.20	882.00
75-79	984.00	846.00	75-79	1,240.80	1,064.40
80+	1,192.80	1,023.60	80+	1,504.80	1,291.20

Premiums are based on attained age. There is a different premium for each age between 65 and 80. Premium includes basic plan plus Part A Deductible (\$876), Part B Deductible (\$100), Part B Excess Charges, Additional Home Health Visits, and Foreign Travel.

A \$1,690.00 annual high deductible will consist of out-of-pocket expenses, other than premium for covered services, and will be in addition to any other specific deductibles.

Central States Health & Life Insurance Company of Omaha
P.O. Box 34350
Omaha, NE 68134-0350

Consumer Service Telephone No. 1-800-541-2363

Form No. S-36 2nd Rev. (1-99)

First-Year Commission: Varies

Health History Requested: Limited

Waiting Period: 6 Months

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)

Area (First 3 digits of zip code)

Zip Codes 538-549

Zip Codes 538-549

Age	Amount
Under 65	\$1,344.80
65	769.24
70	878.00
75	1,018.00
80	1,170.05
85+	1,344.80

Age	Amount
Under 65	\$2,110.62
65	1,249.36
70	1,408.11
75	1,615.06
80	1,843.52
85+	2,110.62

Zip Codes 530, 535-537

Zip Codes 530, 535-537

Under 65	\$1,494.22
65	854.71
70	975.56
75	1,131.11
80	1,300.05
85+	1,494.22

Under 65	\$2,317.32
65	1,367.22
70	1,542.80
75	1,771.36
80	2,023.25
85+	2,317.32

Zip Codes 531-534

Zip Codes 531-534

Under 65	\$1,867.78
65	1,068.39
70	1,219.45
75	1,413.89
80	1,625.06
85+	1,867.78

Under 65	\$2,834.08
65	1,661.88
70	1,879.52
75	2,162.11
80	2,472.60
85+	2,834.08

Premiums are based on **attained** age, **non-tobacco** rates. There are different premiums for certain ages.

Central States Health & Life Insurance Company of Omaha (Non-Tobacco Rates Cont'd.)

Annual Premium - Optional Benefits

		Zip Codes 538-549	Zip Codes 530, 535-537	Zip Codes 531-534
Part A Deductible (\$876):	Age: Under 65	\$418.05	\$464.50	\$580.63
	65	236.33	262.59	328.24
	70	270.90	301.00	376.25
	75	315.06	350.07	437.59
	80	362.93	403.25	504.06
	85+	418.05	464.50	580.63

Part B Deductible (\$100): \$100.00 for all ages in all areas

Part B Excess Charges:	Age: Under 65	\$ 97.44	\$108.27	\$135.34
	65	55.20	61.33	76.66
	70	63.30	70.33	87.91
	75	73.63	81.81	102.26
	80	84.71	94.12	117.65
	85+	97.44	108.27	135.34

		All Areas
Additional Home Health Visits:	Age: Under 65	\$ 85.34
	65	23.60
	70	30.92
	75	43.38
	80	60.84
	85+	85.34

Foreign Travel: \$64.99 for all ages in all areas

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Central States Health & Life Insurance Company of Omaha
P.O. Box 34350
Omaha, NE 68134-0350

Consumer Service Telephone No. 1-800-541-2363

Form No. S-36 2nd Rev. (1-99)

First-Year Commission: Varies

Health History Requested: Limited

Waiting Period: 6 Months

Annual Premium - Basic Policy		Annual Premium - All Options	
Area (First 3 digits of zip code)		Area (First 3 digits of zip code)	
Zip Codes 538-549		Zip Codes 538-549	
Age	Amount	Age	Amount
Under 65	\$1,546.43	Under 65	\$2,402.39
65	884.61	65	1,412.00
70	1,009.72	70	1,594.60
75	1,170.70	75	1,832.55
80	1,345.55	80	2,095.29
85+	1,546.43	85+	2,402.39
Zip Codes 530, 535-537		Zip Codes 530, 535-537	
Under 65	\$1,718.37	Under 65	\$2,640.21
65	982.90	65	1,547.54
70	1,121.91	70	1,749.49
75	1,300.78	75	2,012.29
80	1,495.06	80	2,301.99
85+	1,718.37	85+	2,640.21
Zip Codes 531-534		Zip Codes 531-534	
Under 65	\$2,147.96	Under 65	\$3,234.48
65	1,228.63	65	1,886.41
70	1,402.39	70	2,136.73
75	1,625.98	75	2,461.65
80	1,868.83	80	2,818.75
85+	2,147.96	85+	3,234.48

Premiums are based on **attained** age, **tobacco** rates. There are different premiums for certain ages.

Central States Health & Life Insurance Company of Omaha (Non-Tobacco Rates Cont'd.)

Annual Premium - Optional Benefits

		Zip Codes 538-549	Zip Codes 530, 535-537	Zip Codes 531-534
Part A Deductible (\$876):	Age: Under 65	\$480.76	\$534.18	\$667.73
	65	271.78	301.98	377.48
	70	311.54	346.15	432.69
	75	362.31	402.57	503.21
	80	417.36	463.73	579.66
	85+	480.76	534.18	667.73

Part B Deductible (\$100): \$100.00 for all ages in all areas

Part B Excess Charges:	Age: Under 65	\$112.07	\$124.53	\$155.66
	65	63.48	70.53	88.17
	70	72.79	80.88	101.10
	75	84.67	94.07	117.59
	80	97.42	108.24	135.30
	85+	112.07	124.53	155.66

		All Areas
Additional Home Health Visits:	Age: Under 65	\$ 98.14
	65	27.14
	70	35.56
	75	49.88
	80	69.97
	85+	98.14

Foreign Travel: \$64.99 for all ages in all areas

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Central States Health & Life Insurance Company of Omaha
P.O. Box 34350
Omaha, NE 68134-0350

Consumer Service Telephone No. 1-800-541-2363

Form No. S93 (11-02)

First-Year Commission: Varies

Health History Requested: Limited

Waiting Period: 6 Months

High Deductible Plan - Annual Premium

Non-Tobacco User
Area (First 3 digits of zip code)
Zip Codes 538-549

Age	Amount
Under 65	\$808.97
65	461.38
70	527.18
75	611.70
80	703.46
85+	808.97

Zip Codes 530, 535-537

Under 65	\$898.85
65	512.64
70	585.76
75	679.67
80	781.62
85+	898.85

Zip Codes 531-534

Under 65	\$1,123.56
65	640.80
70	732.20
75	849.59
80	977.03
85+	1,123.56

Tobacco User
Area (First 3 digits of zip code)
Zip Codes 538-549

Age	Amount
Under 65	\$930.31
65	530.59
70	606.26
75	703.46
80	808.97
85+	930.31

Zip Codes 530, 535-537

Under 65	\$1,033.68
65	589.54
70	673.62
75	781.62
80	898.86
85+	1,033.68

Zip Codes 531-534

Under 65	\$1,292.10
65	736.93
70	842.03
75	977.03
80	1,123.58
85+	1,292.10

Premiums are based on attained age. There is a different premium for each age between 65 and 85. Premium includes basic plan plus Part A Deductible (\$876), Part B Deductible (\$100), Part B Excess Charges, Additional Home Health Visits, and Foreign Travel.

A \$1,690.00 annual high deductible will consist of out-of-pocket expenses, other than premium for covered services, and will be in addition to any other specific deductibles.

Combined Insurance Company of America
5050 North Broadway
Chicago, IL 60640

Consumer Service Telephone No. 1-800-544-5531

Form No. 14970R03-WI

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy			Annual Premium - All Options		
Age	Area (First 3 digits of zip code)		Age	Area (First 3 digits of zip code)	
	Zip Codes 530-532	Zip Codes Rest of State		Zip Codes 530-532	Zip Codes Rest of State
	Amount	Amount		Amount	Amount
Under 65	\$1,711.86	\$1,556.24	Under 65	\$2,322.99	\$2,167.37
65	1,435.41	1,304.92	65	1,942.46	1,811.97
66-70	1,531.09	1,391.92	66-70	2,079.22	1,940.05
71-75	1,810.20	1,645.63	71-75	2,441.83	2,277.26
76-80	2,081.33	1,892.13	76-80	2,793.99	2,604.79

Premiums are based on issue age, non-tobacco rates.

Annual Premium - Optional Benefits

Part A Deductible (\$876):	Age:	Under 65	\$279.59
		65	228.44
		66-70	240.79
		71-75	286.52
		76-80	330.70

Part B Deductible (\$100): \$83.72 for all ages in all areas

Part B Excess Charges:	Age:	Under 65	\$124.56
		65	95.82
		66-70	101.29
		71-75	120.46
		76-80	138.71

Additional Home Health Visits:	Age:	Under 65	\$103.26
		65	79.07
		66-70	102.33
		71-75	120.93
		76-80	139.53

Foreign Travel: \$20.00 for all ages in all areas

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Conseco Health Insurance Company
11815 North Pennsylvania Street
Carmel, IN 46032

Consumer Service Telephone No. 1-800-541-2254

Form No. IMP-1950

First-Year Commission: Age 65: 34%
Age 66+: 26%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes 540, 546-548

Age	Amount
Under 65	\$1,390.00
65	910.00
70	1,023.00
75	1,188.00
80	1,308.00

Zip Codes 535-539,
541-545, 549

Under 65	\$1,566.00
65	1,023.00
70	1,151.00
75	1,337.00
80	1,472.00

Zip Codes 530-534

Under 65	\$1,706.00
65	1,115.00
70	1,254.00
75	1,457.00
80	1,605.00

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes 540, 546-548

Age	Amount
Under 65	\$2,218.00
65	1,374.00
70	1,551.00
75	1,818.00
80	2,083.00

Zip Codes 535-539,
541-545, 549

Under 65	\$2,487.00
65	1,534.00
70	1,734.00
75	2,035.00
80	2,334.00

Zip Codes 530-534

Under 65	\$2,700.00
65	1,663.00
70	1,880.00
75	2,208.00
80	2,534.00

Premiums are based on attained age, **preferred** premium rates.

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
Under 65	\$523.00	Under 65	\$591.00	Under 65	\$643.00
65	243.00	65	275.00	65	299.00
68	264.00	68	298.00	68	325.00
73	333.00	73	375.00	73	409.00
78	442.00	78	499.00	78	543.00

Conseco Health Insurance Company (Preferred Rates Cont'd.)

Part B Deductible (\$100): \$99.90 for all ages in all areas

Part B Excess Charges:

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
Under 65	\$59.00	Under 65	\$66.00	Under 65	\$72.00
65	40.00	65	45.00	65	49.00
68	42.00	68	47.00	68	51.00
73	47.00	73	53.00	73	57.00
78	52.00	78	58.00	78	63.00

Additional Home Health Visits:

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
Under 65	\$29.00	Under 65	\$33.00	Under 65	\$35.00
65	20.00	65	22.00	65	24.00
68	21.00	68	24.00	68	26.00
73	24.00	73	27.00	73	29.00
78	26.00	78	29.00	78	32.00

Foreign Travel:

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
65	\$62.00	65	\$69.00	65	\$76.00

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Conseco Health Insurance Company
11815 North Pennsylvania Street
Carmel, IN 46032

Consumer Service Telephone No. 1-800-541-2254

Form No. IMP-1950

First-Year Commission: Age 65: 34%
 Age 66+: 26%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes 540, 546-548

Age	Amount
Under 65	\$1,631.00
65	910.00
70	1,198.00
75	1,392.00
80	1,534.00

Zip Codes 535-539,
541-545, 549

Under 65	\$1,837.00
65	1,023.00
70	1,349.00
75	1,568.00
80	1,728.00

Zip Codes 530-534

Under 65	\$2,001.00
65	1,115.00
70	1,470.00
75	1,708.00
80	1,883.00

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes 540, 546-548

Age	Amount
Under 65	\$2,588.00
65	1,374.00
70	1,802.00
75	2,116.00
80	2,429.00

Zip Codes 535-539,
541-545, 549

Under 65	\$2,904.00
65	1,534.00
70	2,017.00
75	2,372.00
80	2,725.00

Zip Codes 530-534

Under 65	\$3,154.00
65	1,663.00
70	2,189.00
75	2,575.00
80	2,959.00

Premiums are based on attained age, **standard** premium rates.

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
Under 65	\$616.00	Under 65	\$695.00	Under 65	\$757.00
65	243.00	65	275.00	65	299.00
68	310.00	68	350.00	68	381.00
73	391.00	73	442.00	73	481.00
78	519.00	78	586.00	78	638.00

Conseco Health Insurance Company (Standard Rates Cont'd.)

Part B Deductible (\$100): \$99.90 for all ages in all areas

Part B Excess Charges:

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
Under 65	\$69.00	Under 65	\$77.00	Under 65	\$84.00
65	40.00	65	45.00	65	49.00
68	50.00	68	56.00	68	61.00
73	55.00	73	62.00	73	67.00
78	61.00	78	68.00	78	74.00

Additional Home Health Visits:

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
Under 65	\$35.00	Under 65	\$39.00	Under 65	\$43.00
65	20.00	65	22.00	65	24.00
68	25.00	68	28.00	68	30.00
73	28.00	73	31.00	73	34.00
78	31.00	78	35.00	78	38.00

Foreign Travel:

Zip Codes 540, 546-548		Zip Codes 535-539, 541-545, 549		Zip Codes 530-534	
Age	Amount	Age	Amount	Age	Amount
65	\$62.00	65	\$69.00	65	\$76.00

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Constitution Life Insurance Company
600 Courtland Street
Orlando, FL 42804

Consumer Service Telephone No. 1-800-789-6364

Form No. CMS-97 WI

First-Year Commission: Ages 65-79: 17%
 80+: 12%

Health History Requested: Detailed **Waiting Period:** 90 Days

Annual Premium - Basic Policy		Annual Premium - All Options	
Area (First 3 digits of zip code)		Area (First 3 digits of zip code)	
Zip Codes 53081-83, 53140-44, 547		Zip Codes 53081-83, 53140-44, 547	
Age	Amount	Age	Amount
Under 65	\$2,090.00	Under 65	\$2,993.00
65	952.00	65	1,437.00
70	1,095.00	70	1,652.00
75	1,335.00	75	1,998.00
80	1,567.00	80	2,327.00
Zip Codes 53186-88, 532, 537		Zip Codes 53186-88, 532, 537	
Under 65	\$2,584.00	Under 65	\$3,677.00
65	1,177.00	65	1,760.00
70	1,352.00	70	2,020.00
75	1,652.00	75	2,453.00
80	1,937.00	80	2,858.00
Zip Codes 534, 53511-12, 53545-47, 540, 546, 548		Zip Codes 534, 53511-12, 53545-47, 540, 546, 548	
Under 65	\$2,247.00	Under 65	\$3,211.00
65	1,024.00	65	1,543.00
70	1,176.00	70	1,768.00
75	1,436.00	75	2,143.00
80	1,684.00	80	2,497.00
Zip Codes Rest of State		Zip Codes Rest of State	
Under 65	\$1,979.00	Under 65	\$2,835.00
65	902.00	65	1,367.00
70	1,036.00	70	1,568.00
75	1,265.00	75	1,899.00
80	1,482.00	80	2,205.00

Premiums are based on **attained** age, **non-tobacco** rates. There is a different premium for each age after 65.

Constitution Life Insurance Company (Non-Tobacco Rates Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$465.00
65	221.00
70	257.00
75	320.00
80	381.00

Zip Codes 53186-88, 532, 537

Age	Amount
Under 65	\$575.00
65	274.00
70	316.00
75	396.00
80	470.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Age	Amount
Under 65	\$500.00
65	239.00
70	276.00
75	345.00
80	410.00

Zip Codes Rest of State

Age	Amount
Under 65	\$439.00
65	209.00
70	243.00
75	304.00
80	359.00

Part B Deductible (\$100): \$88 for all ages in all areas

Part B Excess Charges:

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$224.00
65	128.00
70	154.00
75	182.00
80	199.00

Zip Codes 53186-88, 532, 537

Age	Amount
Under 65	\$276.00
65	159.00
70	192.00
75	224.00
80	247.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Age	Amount
Under 65	\$240.00
65	138.00
70	166.00
75	195.00
80	215.00

Zip Codes Rest of State

Age	Amount
Under 65	\$210.00
65	120.00
70	148.00
75	172.00
80	187.00

Constitution Life Insurance Company (Non-Tobacco Rates Cont'd.)

Additional Home Health Visits:

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$91.00
65	14.00
70	23.00
75	39.00
80	58.00

Zip Codes 53186-88, 532, 537

Age	Amount
Under 65	\$112.00
65	20.00
70	28.00
75	49.00
80	73.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Age	Amount
Under 65	\$99.00
65	18.00
70	24.00
75	43.00
80	64.00

Zip Codes Rest of State

Age	Amount
Under 65	\$87.00
65	14.00
70	21.00
75	37.00
80	56.00

Foreign Travel:	Zip Codes 53081-83, 53140-44, 547	\$34.00 for all ages
	Zip Codes 53186-88, 532, 537	\$43.00 for all ages
	Zip Codes 534, 53511-12, 53545-47, 540, 546, 548	\$37.00 for all ages
	Zip Codes Rest of State	\$33.00 for all ages

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Constitution Life Insurance Company
600 Courtland Street
Orlando, FL 42804

Consumer Service Telephone No. 1-800-789-6364

Form No. CMS-97 WI

First-Year Commission: Ages 65-79: 17%
80+: 12%

Health History Requested: Detailed **Waiting Period:** 90 Days

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$2,322.00
65	1,057.00
70	1,215.00
75	1,485.00
80	1,740.00

Zip Codes 53186-88, 532, 537

Under 65	\$2,872.00
65	1,306.00
70	1,502.00
75	1,836.00
80	2,152.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Under 65	\$2,497.00
65	1,137.00
70	1,306.00
75	1,597.00
80	1,870.00

Zip Codes Rest of State

Under 65	\$2,199.00
65	1,000.00
70	1,151.00
75	1,405.00
80	1,646.00

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$3,324.00
65	1,600.00
70	1,830.00
75	2,221.00
80	2,585.00

Zip Codes 53186-88, 532, 537

Under 65	\$4,090.00
65	1,955.00
70	2,241.00
75	2,723.00
80	3,172.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Under 65	\$3,569.00
65	1,713.00
70	1,962.00
75	2,381.00
80	2,772.00

Zip Codes Rest of State

Under 65	\$3,152.00
65	1,519.00
70	1,738.00
75	2,106.00
80	2,451.00

Premiums are based on **attained** age, **tobacco** rates. There is a different premium for each age after 65.

Constitution Life Insurance Company (Tobacco Rates Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$516.00
65	247.00
70	284.00
75	357.00
80	424.00

Zip Codes 53186-88, 532, 537

Age	Amount
Under 65	\$639.00
65	304.00
70	350.00
75	439.00
80	522.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Age	Amount
Under 65	\$555.00
65	264.00
70	306.00
75	382.00
80	454.00

Zip Codes Rest of State

Age	Amount
Under 65	\$488.00
65	233.00
70	269.00
75	336.00
80	401.00

Part B Deductible (\$100): \$98 for all ages in all areas

Part B Excess Charges:

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$250.00
65	142.00
70	172.00
75	200.00
80	220.00

Zip Codes 53186-88, 532, 537

Age	Amount
Under 65	\$308.00
65	176.00
70	214.00
75	249.00
80	273.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Age	Amount
Under 65	\$268.00
65	153.00
70	185.00
75	216.00
80	238.00

Zip Codes Rest of State

Age	Amount
Under 65	\$235.00
65	135.00
70	162.00
75	189.00
80	209.00

Constitution Life Insurance Company (Tobacco Rates Cont'd.)

Additional Home Health Visits:

Zip Codes 53081-83, 53140-44, 547

Age	Amount
Under 65	\$101.00
65	19.00
70	24.00
75	44.00
80	66.00

Zip Codes 53186-88, 532, 537

Age	Amount
Under 65	\$126.00
65	23.00
70	30.00
75	54.00
80	80.00

Zip Codes 534, 53511-12, 53545-47,
540, 546, 548

Age	Amount
Under 65	\$110.00
65	20.00
70	25.00
75	47.00
80	70.00

Zip Codes Rest of State

Age	Amount
Under 65	\$96.00
65	19.00
70	23.00
75	43.00
80	62.00

Foreign Travel:	Zip Codes 53081-83, 53140-44, 547	\$37.00 for all ages
	Zip Codes 53186-88, 532, 537	\$47.00 for all ages
	Zip Codes 534, 53511-12, 53545-47, 540, 546, 548	\$42.00 for all ages
	Zip Codes Rest of State	\$35.00 for all ages

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Continental General Insurance Company
8901 Indian Hills Drive
P.O. Box 247007
Omaha, NE 68124-7007

Consumer Service Telephone No. 1-877-291-5434

Form No. 3BA

First-Year Commission: Varies

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
	Zip Codes 530-532	Zip Codes Rest of State		Zip Codes 530-532	Zip Codes Rest of State
Age	Amount	Amount	Age	Amount	Amount
65 and under	\$3,896.00	\$3,219.00	65 and under	\$5,371.00	\$4,454.00
65	1,925.00	1,590.00	65	2,787.00	2,319.00
70	2,341.00	1,934.00	70	3,331.00	2,769.00
75	2,855.00	2,359.00	75	4,004.00	3,325.00
80	3,497.00	2,889.00	80	4,845.00	4,020.00

Premiums are based on attained age, female non-tobacco user. There is a different premium for each age between 66 and 80.

Annual Premium - Optional Benefits			
		Zip Codes 530-532	Zip Codes Rest of State
Part A Deductible (\$876):	Age: 65 and under	\$820.00	\$677.00
	65	406.00	335.00
	70	492.00	407.00
	75	600.00	496.00
	80	735.00	607.00
Part B Deductible (\$100):	\$99.00 for all ages in all areas		
Part B Excess Charges:	Age: 65 and under	\$392.00	\$324.00
	65	193.00	160.00
	70	235.00	194.00
	75	286.00	237.00
	80	351.00	290.00
Additional Home Health Visits:	All Ages	\$100.00	\$ 83.00
Foreign Travel:	All Ages	\$ 63.00	\$ 52.00
Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00			

**GE Life and Annuity Assurance Company
P.O. Box 6700
Lynchburg, VA 24505**

Consumer Service Telephone No. 1-800-253-0856

Form No. HMSP96 WI

First-Year Commission: 12% Average

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$2,146.00	Under 65	\$4,149.00
65	1,145.00	65	2,798.00
70	1,451.00	70	3,187.00
75	1,608.00	75	2,423.00
80	1,758.00	80	3,649.00

Premiums are based on attained age.

Annual Premium - Optional Benefits			
Part A Deductible (\$876):	Age:	Under 65	\$438.00
		65	240.00
		70	294.00
		75	337.00
		80	382.00
Part B Deductible (\$100):	\$100.00 for all ages		
Part B Excess Charges:	Age:	Under 65	\$136.00
		65	79.00
		70	92.00
		75	106.00
		80	110.00
Additional Home Health Visits:	Age:	Under 65	\$187.00
		65	92.00
		70	108.00
		75	130.00
		80	157.00
Foreign Travel:	\$36.00 for all ages		
Prescription Drugs:	\$1,106.00 for all ages		
Catastrophic Prescription Drugs:	In basic policy—80% of charges over \$6,250.00		

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

Consumer Service Telephone No. 1-800-338-7452

Form No. 9842F

First-Year Commission: 25%

Health History Requested: Limited

Waiting Period: None

High Deductible Plan
Annual Premium

Age	Amount
Under 65	\$776.00
65	442.00
70	521.00
75	598.00
80	670.00
85+	776.00

Premiums are based on attained age. There is a different premium for each age between 65 and 85. Premium includes basic plan plus Part A Deductible (\$876), Part B Deductible (\$100), Part B Excess Charges, Additional Home Health Visits, and Foreign Travel.

A \$1,690.00 annual high deductible will consist of out-of-pocket expenses, other than premium for covered services, and will be in addition to any other specific deductibles.

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025

Consumer Service Telephone No. 1-800-338-7452

Form No. G9942-49

First-Year Commission: 25%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$1,747.20	Under 65	\$2,771.40
65	901.10	65	1,485.80
70	1,066.05	70	1,734.35
75	1,271.80	75	2,036.40
80	1,484.65	80	2,340.15
85+	1,747.20	85+	2,771.40

Premiums are based on attained age. There is a different premium for each age between 65 and 85.

Annual Premium - Optional Benefits			
Part A Deductible (\$876):	Age:	Under 65	\$503.50
		65	287.75
		70	337.25
		75	388.40
		80	434.70
		85+	503.50
Part B Deductible (\$100):	\$95.20 for all ages		
Part B Excess Charges:	Age:	Under 65	\$232.60
		65	132.60
		70	155.80
		75	179.10
		80	200.05
		85+	232.60
Additional Home Health Visits:	Age:	Under 65	\$141.95
		65	18.20
		70	29.10
		75	50.95
		80	74.60
		85+	141.95
Foreign Travel:	\$50.95 for all ages		
Catastrophic Prescription Drugs:	In basic policy—80% of charges over \$6,250.00		

**Mutual of Omaha Insurance Company
 Mutual of Omaha Plaza
 Omaha, NE 68175**

Consumer Service Telephone No. 1-800-316-0842

Form No. M295 - Series 19740

First-Year Commission: Varies

Health History Requested: Limited

Waiting Period: 180 days, unless you had a continuous period of creditable coverage of at least 180 days. If your continuous period of creditable coverage was less than 180 days, we will shorten the 180-day waiting period by the time served under the prior coverage.

Annual Premium - Basic Policy

Annual Premium - All Options

Area Zip Codes: 530 (05, 07, 08, 12, 17, 22, 24, 33, 37, 45, 46, 51, 52, 72, 76, 89, 92, 97) 531 (02, 04, 08-10, 22, 26, 29, 30, 32, 40-44, 46, 50, 51, 54, 58, 59, 71, 72, 77, 82, 86-89, 94), 532, 534

Age	Amount	Age	Amount
Under 65	\$2,075.67	Under 65	\$2,825.64
65	1,230.13	65	1,730.57
70	1,451.25	70	2,017.93
75	1,682.59	75	2,318.01
80	1,933.93	80	2,643.72

Premiums are based on **attained** age, **non-tobacco** rates. Rates for tobacco users are approximately 8% higher.

Annual Premium - Optional Benefits

Part A Deductible (\$876):	Age:	Under 65	\$500.00
		65	293.85
		70	348.57
		75	405.37
		80	466.92

Part B Deductible (\$100): \$99.84 for all ages

Part B Excess Charges:	Age:	Under 65	\$105.11
		65	61.73
		70	73.25
		75	85.19
		80	98.01

Additional Home Health Visits: \$22.51 for all ages

Foreign Travel: \$22.51 for all ages

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

Consumer Service Telephone No. 1-800-316-0842

Form No. M295 - Series 19740

First-Year Commission: Varies

Health History Requested: Limited

Waiting Period: 180 days, unless you had a continuous period of creditable coverage of at least 180 days. If your continuous period of creditable coverage was less than 180 days, we will shorten the 180-day waiting period by the time served under the prior coverage.

Annual Premium - Basic Policy		Annual Premium - All Options	
Area (First 3 digits of zip code) Zip Codes: 530 (all others), 531 (all others), 535, 537, 538, 544, 549		Area (First 3 digitsof zip code) Zip Codes: 530 (all others), 531 (all others), 535, 537, 538, 544, 549	
Age	Amount	Age	Amount
Under 65	\$1,862.78	Under 65	\$2,546.07
65	1,103.96	65	1,563.32
70	1,302.41	70	1,821.22
75	1,510.03	75	2,090.52
80	1,735.59	80	2,382.82

Premiums are based on **attained** age, **non-tobacco** rates. Rates for tobacco users are approximately 8% higher.

Annual Premium - Optional Benefits			
Part A Deductible (\$876):	Age:	Under 65	\$448.72
		65	263.72
		70	312.84
		75	363.79
		80	419.03
Part B Deductible (\$100):	\$99.84 for all ages		
Part B Excess Charges:	Age:	Under 65	\$94.33
		65	55.40
		70	65.73
		75	76.46
		80	87.96
Additional Home Health Visits:	\$20.20 for all ages		
Foreign Travel:	\$20.20 for all ages		
Catastrophic Prescription Drugs:	In basic policy—80% of charges over \$6,250.00		

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

Consumer Service Telephone No. 1-800-316-0842

Form No. M295 - Series 19740

First-Year Commission: Varies

Health History Requested: Limited

Waiting Period: 180 days, unless you had a continuous period of creditable coverage of at least 180 days. If your continuous period of creditable coverage was less than 180 days, we will shorten the 180-day waiting period by the time served under the prior coverage.

Annual Premium - Basic Policy

Area (First 3 digits of zip code)
Zip Codes 539-543, 545-548

Age	Amount
Under 65	\$1,703.11
65	1,009.33
70	1,190.77
75	1,380.59
80	1,586.82

Annual Premium - All Options

Area (First 3 digits of zip code)
Zip Codes 539-543, 545-548

Age	Amount
Under 65	\$2,336.40
65	1,437.87
70	1,673.66
75	1,919.88
80	2,187.14

Premiums are based on **attained** age, **non-tobacco** rates. Rates for tobacco users are approximately 8% higher.

Annual Premium - Optional Benefits

Part A Deductible (\$876):	Age:	Under 65	\$410.26
		65	241.11
		70	286.01
		75	332.61
		80	383.12

Part B Deductible (\$100): \$99.84 for all ages

Part B Excess Charges:	Age:	Under 65	\$86.25
		65	50.65
		70	60.10
		75	69.90
		80	80.42

Additional Home Health Visits: \$18.47 for all ages

Foreign Travel: \$18.47 for all ages

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

National States Insurance Company
1830 Craig Park Court
St. Louis, MO 63146

Consumer Service Telephone No. 1-800-868-6788

Form No. CMW-3(02)

First-Year Commission: 25%

Health History Requested: Detailed

Waiting Period: 90 Days

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$2,337.00	Under 65	\$2,908.00
65-67	1,335.00	65-67	1,687.00
68-70	1,489.00	68-70	1,889.00
71-75	1,703.00	71-75	2,149.00
76-80	1,942.00	76-80	2,426.00
81-89	2,337.00	81-89	2,908.00

Premiums are based on issue age.

Annual Premium - Optional Benefits

Part A Deductible (\$876):	Age:	Under 65	\$375.00
		65-67	205.00
		68-70	238.00
		71-75	273.00
		76-80	303.00
		81-89	375.00
Part B Deductible (\$100):	Age:	Under 65	\$ 99.00
		65-67	90.00
		68-70	94.00
		71-75	96.00
		76-80	97.00
		81-89	99.00
Part B Excess Charges:	Age:	Under 65	\$ 28.00
		65-67	16.00
		68-70	19.00
		71-75	21.00
		76-80	24.00
		81-89	28.00

National States Insurance Company (Cont'd)

Additional Home Health Visits:	Age:	Under 65	\$ 17.00
		65-67	6.00
		68-70	8.00
		71-75	10.00
		76-80	13.00
		81-89	17.00

Foreign Travel:	Age:	Under 65	\$ 52.00
		65-67	35.00
		68-70	41.00
		71-75	46.00
		76-80	47.00
		81-89	52.00

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Oxford Life Insurance Company
2721 North Central Avenue
Phoenix, AZ 85004

Consumer Service Telephone No. 1-877-469-3073

Form No. 5250-GMS-R-O, et al.

First-Year Commission: 10%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$1,556.30	Under 65	\$2,296.66
65	1,349.99	65	1,973.25
70	1,590.68	70	2,299.65
75	1,762.61	75	2,571.75
80	1,865.76	80	2,769.08

Premiums are based on issue age.

Annual Premium - Optional Benefits			
Part A Deductible (\$876):	Age:	Under 65	\$441.03
		65	358.80
		70	418.60
		75	494.85
		80	566.61
Part B Deductible (\$100):	\$ 99.00		
Part B Excess Charges:	Age:	Under 65	\$ 95.68
		65	76.25
		70	89.70
		75	100.17
		80	106.15
Additional Home Health Visits:	Age:	Under 65	\$ 62.79
		65	46.35
		70	55.32
		75	64.29
		80	74.75
Foreign Travel:	Age:	Under 65	\$ 41.86
		65	41.86
		70	46.35
		75	50.83
		80	56.81

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Pekin Life Insurance Company
2505 Court Street
Pekin, IL 61558-0001

Consumer Service Telephone No. 1-800-447-0122

Form No. H28(W)-1 (Rev. 2/99)

First-Year Commission: 17%

Health History Requested: Limited

Waiting Period: 180 Days

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$1,251.00	Under 65	\$1,921.00
65	878.00	65	1,385.00
70	1,035.00	70	1,613.00
75	1,271.00	75	1,948.00
80	1,529.00	80	2,301.00
85+	2,005.00	85+	2,906.00

Premiums are based on attained age. There are different premiums for certain ages.

Annual Premium - Optional Benefits			
Part A Deductible (\$876):	Age:	Under 65	\$302.00
		65	211.00
		70	250.00
		75	307.00
		80	362.00
		85+	430.00
Part B Deductible (\$100):	\$100.00 for all ages		
Part B Excess Charges:	Age:	Under 65	\$203.00
		65	142.00
		70	163.00
		75	189.00
		80	212.00
		85+	244.00
Additional Home Health Visits:	Age:	Under 65	\$32.00
		65	21.00
		70	32.00
		75	48.00
		80	65.00
		85+	94.00
Foreign Travel:	\$33.00 for all ages		
Catastrophic Prescription Drugs:	In basic policy—80% of charges over \$6,250.00		

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131

Consumer Service Telephone No. 1-800-228-9100

Form No. P230C

First-Year Commission: 5-30%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$2,496.00
64-65	1,242.00
70	1,400.40
75	1,542.60
80	1,698.60
85	1,865.40

Zip Codes 538 and 546

Under 64	\$1,918.20
64-65	954.60
70	1,076.40
75	1,185.60
80	1,305.00
85	1,434.00

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$2,034.00
64-65	1,012.20
70	1,141.20
75	1,257.00
80	1,383.60
85	1,520.40

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$3,642.48
64-65	1,814.64
70	2,093.16
75	1,867.56
80	2,714.16
85	3,089.76

Zip Codes 538 and 546

Under 64	\$2,794.80
64-65	1,392.60
70	1,606.20
75	1,828.80
80	2,083.80
85	2,373.00

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$2,963.40
64-65	1,476.00
70	1,702.80
75	1,939.20
80	2,209.20
85	2,515.80

Premiums are based on **issue** age, **nonsmoking** rates. There is a different premium for each issue age after age 85.

Physicians Mutual Insurance Company (issue age, nonsmoking rates Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Age	Amount	Age	Amount	Age	Amount
Under 64	\$727.20	Under 64	\$558.60	Under 64	\$592.20
64-65	362.40	64-65	278.40	64-65	295.20
70	434.40	70	333.60	70	354.00
75	515.40	75	396.00	75	420.00
80	600.00	80	461.40	80	489.00
85	684.00	85	525.60	85	557.40

Part B Deductible (\$100): \$99.36 for all ages in all areas

Part B Excess Charges:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$211.20	Under 64	\$162.60	Under 64	\$172.20
64-65	105.60	64-65	81.00	64-65	85.80
70	118.20	70	90.60	70	96.00
75	129.60	75	99.60	75	105.60
80	140.40	80	108.00	80	114.60
85	149.40	85	115.20	85	121.80

Additional Home Health Visits:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$154.80	Under 64	\$118.80	Under 64	\$126.00
64-65	77.40	64-65	59.40	64-65	63.00
70	111.60	70	85.80	70	90.60
75	166.80	75	127.80	75	135.60
80	246.60	80	189.60	80	201.00
85	362.40	85	278.40	85	295.20

Foreign Travel:	Zip Codes 531, 532, 534	Age:	0-63	\$48.00
			64-65	34.60
			70+	25.80
	Zip Codes 538 and 546	Age:	0-63	\$36.60
			64-65	19.20
			70+	19.80
	Zip Codes 530, 535-537, 539-545, 547-549	Age:	0-63	\$39.00
			64-65	19.80
			70+	21.00

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131

Consumer Service Telephone No. 1-800-228-9100

Form No. P230C

First-Year Commission: 5-30%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$2,770.56
64-65	1,378.56
70	1,554.36
75	1,712.28
80	1,885.44
85	2,070.48

Zip Codes 538 and 546

Under 64	\$2,129.16
64-65	1,059.60
70	1,194.72
75	1,315.92
80	1,448.52
85	1,591.68

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$2,257.68
64-65	1,123.44
70	1,266.72
75	1,395.24
80	1,535.76
85	1,687.56

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$4,037.04
64-65	2,010.96
70	2,320.08
75	2,069.64
80	3,009.48
85	3,426.24

Zip Codes 538 and 546

Under 64	\$3,102.00
64-65	1,545.60
70	1,782.60
75	2,029.80
80	2,312.76
85	2,633.76

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$3,288.96
64-65	1,638.00
70	1,890.00
75	2,152.32
80	2,452.08
85	2,792.16

Premiums are based on **issue** age, **smoking** rates. There is a different premium for each issue age after age 85.

Physicians Mutual Insurance Company (issue age, smoking rates Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Age	Amount	Age	Amount	Age	Amount
Under 64	\$807.12	Under 64	\$620.04	Under 64	\$657.24
64-65	402.24	64-65	309.00	64-65	327.60
70	482.16	70	370.20	70	392.88
75	572.04	75	439.56	75	466.20
80	666.00	80	512.04	80	542.76
85	759.24	85	583.32	85	618.60

Part B Deductible (\$100): \$99.36 for all ages in all areas

Part B Excess Charges:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$234.36	Under 64	\$180.48	Under 64	\$191.04
64-65	117.12	64-65	89.88	64-65	95.16
70	131.16	70	100.56	70	106.56
75	143.76	75	110.52	75	117.12
80	155.76	80	119.88	80	127.20
85	165.72	85	127.80	85	135.12

Additional Home Health Visits:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$171.72	Under 64	\$131.76	Under 64	\$139.80
64-65	85.80	64-65	65.88	64-65	69.84
70	123.84	70	95.16	70	100.56
75	185.04	75	141.84	75	150.48
80	273.72	80	210.36	80	223.08
85	402.24	85	309.00	85	327.60

Foreign Travel:	Zip Codes 531, 532, 534	Age:	0-63	\$53.28
			64-65	27.24
			70+	28.56
	Zip Codes 538 and 546	Age:	0-63	\$40.56
			64-65	21.24
			70+	21.96
	Zip Codes 530, 535-537, 539-545, 547-549	Age:	0-63	\$43.20
			64-65	21.96
			70+	23.28

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131

Consumer Service Telephone No. 1-800-228-9100

Form No. P230C

First-Year Commission: 5-30%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$2,251.20
64-65	1,119.60
70	1,344.60
75	1,513.20
80	1,665.00
85	1,828.80

Zip Codes 538 and 546

Under 64	\$1,729.80
64-65	860.40
70	1,033.20
75	1,162.80
80	1,279.20
85	1,405.20

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$1,834.20
64-65	912.60
70	1,095.60
75	1,233.00
80	1,356.60
85	1,489.80

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$3,169.20
64-65	1,576.80
70	1,921.80
75	2,223.00
80	2,534.40
85	2,936.40

Zip Codes 538 and 546

Under 64	\$2,434.80
64-65	1,212.00
70	1,476.60
75	1,708.20
80	1,947.60
85	2,256.60

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$2,581.80
64-65	1,284.60
70	1,566.00
75	1,811.40
80	2,065.20
85	2,392.20

Premiums are based on **attained** age, **nonsmoking** rates. There is a different premium for each age after 65. You will have the right to change your premium structure, on any renewal date, from Attained Age premiums to Issue Age premiums. If you change, you will be charged the premium that applies to your age at the time of the change.

Physicians Mutual Insurance Company (attained age, nonsmoking rates Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Age	Amount	Age	Amount	Age	Amount
Under 64	\$583.20	Under 64	\$448.20	Under 64	\$475.20
64-65	291.00	64-65	223.80	64-65	237.00
70	374.40	70	288.00	70	305.40
75	457.20	75	351.60	75	372.60
80	545.40	80	419.40	80	444.60
85	642.60	85	493.80	85	523.80

Part B Deductible (\$100): \$99.36 for all ages in all areas

Part B Excess Charges:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$193.20	Under 64	\$148.20	Under 64	\$157.20
64-65	96.00	64-65	73.80	64-65	78.00
70	105.60	70	81.00	70	85.80
75	114.00	75	87.60	75	93.00
80	123.60	80	95.40	80	100.80
85	132.60	85	102.00	85	108.00

Additional Home Health Visits:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$ 93.60	Under 64	\$ 72.00	Under 64	\$ 76.20
64-65	45.60	64-65	34.80	64-65	37.20
70	71.40	70	54.60	70	58.20
75	112.80	75	86.40	75	91.80
80	174.60	80	133.80	80	142.20
85	306.60	85	235.80	85	249.50

Foreign Travel:	Zip Codes 531, 532, 534	Age:	0-63	\$48.00
			64-65	24.60
			70+	25.80
	Zip Codes 538 and 546	Age:	0-63	\$36.60
			64-65	19.20
			70+	19.80
	Zip Codes 530, 535-537, 539-545, 547-549	Age:	0-63	\$39.00
			64-65	19.80
			70+	21.00

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131

Consumer Service Telephone No. 1-800-228-9100

Form No. P230C

First-Year Commission: 5-30%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$2,498.76
64-65	1,242.72
70	1,492.44
75	1,679.64
80	1,848.12
85	2,029.92

Zip Codes 538 and 546

Under 64	\$1,920.00
64-65	954.96
70	1,146.84
75	1,290.60
80	1,419.84
85	1,559.76

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$2,035.92
64-65	1,012.92
70	1,216.08
75	1,368.60
80	1,505.76
85	1,653.60

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes 531, 532, 534

Age	Amount
Under 64	\$3,517.56
64-65	1,749.96
70	2,132.88
75	2,467.32
80	2,812.92
85	3,259.20

Zip Codes 538 and 546

Under 64	\$2,702.28
64-65	1,344.96
70	1,638.88
75	1,895.88
80	2,161.56
85	2,504.64

Zip Codes 530, 535-537,
539-545, 547-549

Under 64	\$2,865.48
64-65	1,425.72
70	1,737.96
75	2,010.48
80	2,292.12
85	2,655.12

Premiums are based on **attained** age, **smoking** rates. There is a different premium for each age after 65. You will have the right to change your premium structure, on any renewal date, from Attained Age premiums to Issue Age premiums. If you change, you will be charged the premium that applies to your age at the time of the change.

Physicians Mutual Insurance Company (attained age, smoking rates Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Age	Amount	Age	Amount	Age	Amount
Under 64	\$647.28	Under 64	\$497.40	Under 64	\$527.40
64-65	322.92	64-65	248.40	64-65	263.04
70	415.56	70	319.60	70	338.88
75	507.48	75	390.24	75	413.52
80	605.28	80	465.48	80	493.44
85	713.28	85	548.04	85	581.40

Part B Deductible (\$100): \$99.36 for all ages in all areas

Part B Excess Charges:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$214.44	Under 64	\$164.40	Under 64	\$174.48
64-65	106.56	64-65	81.84	64-65	86.52
70	117.12	70	89.88	70	95.16
75	126.48	75	97.20	75	103.20
80	137.16	80	105.84	80	111.84
85	147.12	85	113.16	85	119.88

Additional Home Health Visits:

Zip Codes 531, 532, 534		Zip Codes 538 and 546		Zip Codes 530, 535-537, 539-545, 547-549	
Under 64	\$103.80	Under 64	\$ 79.92	Under 64	\$ 84.48
64-65	50.52	64-65	38.52	64-65	41.28
70	79.20	70	60.60	70	64.56
75	125.16	75	95.88	75	101.88
80	193.80	80	148.44	80	157.80
85	340.32	85	261.72	85	276.96

Foreign Travel:	Zip Codes 531, 532, 534	Age:	0-63	\$53.28
			64-65	27.24
			70+	28.56
	Zip Codes 538 and 546	Age:	0-63	\$40.56
			64-65	21.24
			70+	21.96
	Zip Codes 530, 535-537, 539-545, 547-549	Age:	0-63	\$43.20
			64-65	21.96
			70+	23.28

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

The Pyramid Life Insurance Company
600 Courtland Street
Orlando, FL 32804

Consumer Service Telephone No. 1-800-777-1126

Form No. M40WI

First-Year Commission: Varies

Health History Requested: Detailed

Waiting Period: 180 Days

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
	Zip Codes 530-532	Zip Codes Rest of State		Zip Codes 530-532	Zip Codes Rest of State
Age	Amount	Amount	Age	Amount	Amount
Under 65	\$2,566.26	\$2,309.63	Under 65	\$3,212.22	\$2,903.65
65	1,260.34	1,134.31	65	1,649.78	1,497.46
70	1,700.24	1,530.22	70	2,213.70	2,004.99
75	1,937.68	1,743.91	75	2,557.14	2,314.08
80	2,121.06	1,908.95	80	2,827.44	2,557.35

Premiums are based on attained age. There is a different premium for each age between 65 and 80.

Annual Premium - Optional Benefits			
		Zip Codes 530-532	Zip Codes Rest of State
Part A Deductible (\$876):	Age:		
	Under 65	\$395.38	\$355.84
	65	200.34	180.31
	70	304.22	273.80
	75	398.56	358.70
	80	477.00	429.30
Part B Deductible (\$100):	\$99.00 for all ages in all areas		
Part B Excess Charges:	Age:		
	Under 65	\$36.04	\$32.44
	65	18.02	16.22
	70	23.32	20.99
	75	26.50	23.85
	80	27.56	24.80
Additional Home Health Visits:	Age:		
	Under 65	\$87.98	\$79.18
	65	44.52	40.07
	70	59.36	53.42
	75	67.84	61.06
	80	75.26	67.73

Foreign Travel: \$27.56 for all ages in all areas

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

The Pyramid Life Insurance Company
600 Courtland Street
Orlando, FL 32804

Consumer Service Telephone No. 1-800-777-1126

Form No. M47WI

First-Year Commission: Varies

Health History Requested: Detailed

Waiting Period: 180 Days

High Deductible Plan
Annual Premium

	Area (First 3 digits of zip code)	
	Zip Codes	Zip Codes
	530-532	Rest of State
Age	Amount	Amount
Under 65	\$978.38	\$880.54
65	507.74	456.97
70	680.52	612.47
75	786.52	707.87
80	870.26	783.23

Premiums are based on attained age. There is a different premium for each age between 65 and 80. Premium includes basic plan plus Part A Deductible (\$876), Part B Deductible (\$100), Part B Excess Charges, Additional Home Health Visits, and Foreign Travel.

A \$1,690.00 annual high deductible will consist of out-of-pocket expenses, other than premium for covered services, and will be in addition to any other specific deductibles.

The Pyramid Life Insurance Company
600 Courtland Street
Orlando, FL 32804

Consumer Service Telephone No. 1-800-777-1126

Form No. M49WI

First-Year Commission: Varies

Health History Requested: Detailed

Waiting Period: 180 Days

High Deductible Plan
Annual Premium

	Area (First 3 digits of zip code)	
	Zip Codes	Zip Codes
	530-532	Rest of State
Age	Amount	Amount
Under 65	\$1,799.88	\$1,619.89
65	992.16	892.94
70	1,336.66	1,202.99
75	1,548.66	1,393.79
80	1,716.14	1,544.53

Premiums are based on attained age. There is a different premium for each age between 65 and 80. Premium includes basic plan plus Part A Deductible (\$876), Part B Deductible (\$100), Part B Excess Charges, Additional Home Health Visits, Foreign Travel, and Prescription Drug Coverage.

A \$1,690.00 annual high deductible will consist of out-of-pocket expenses, other than premium for covered services, and will be in addition to any other specific deductibles.

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, IL 61710

Consumer Service Telephone No. Call Local State Farm Agent

Form No. 97049WI.4

First-Year Commission: 12-15%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy		Annual Premium - All Options	
Area (County)		Area (County)	
Counties: Kenosha, Milwaukee, Ozaukee Racine, Washington, and Waukesha		Counties: Kenosha, Milwaukee, Ozaukee Racine, Washington, and Waukesha	
Age	Amount	Age	Amount
Under 65	\$1,313.90	Under 65	\$2,187.00
65-69	834.40	65-69	1,435.30
70-74	1,042.90	70-74	1,762.50
75+	1,251.50	75+	2,089.20
Counties: All Other Counties		Counties: All Other Counties	
Under 65	\$1,263.40	Under 65	\$2,103.00
65-69	802.20	65-69	1,380.10
70-74	1,002.80	70-74	1,694.70
75+	1,203.40	75+	2,008.90

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Counties: Kenosha, Milwaukee, Ozaukee,
Racine, Washington, and Waukesha

Age	Amount
Under 65	\$451.00
65-69	286.30
70-74	358.10
75+	429.60

Counties: All Other Counties

Age	Amount
Under 65	\$433.70
65-69	275.30
70-74	344.30
75+	413.10

Part B Deductible (\$100): Not offered

State Farm Mutual Automobile Insurance Company (Cont'd)

Part B Excess Charges:

Counties: Kenosha, Milwaukee, Ozaukee,
Racine, Washington, and Waukesha

Age	Amount
Under 65	\$294.20
65-69	186.80
70-74	233.60
75+	280.20

Counties: All Other Counties

Age	Amount
65-69	\$282.90
65-69	179.60
70-74	224.60
75+	269.40

Additional Home Health Visits:

Counties: Kenosha, Milwaukee, Ozaukee,
Racine, Washington, and Waukesha

\$120.40 for all ages

Counties: All Other Counties

\$115.80 for all ages

Foreign Travel:

Counties: Kenosha, Milwaukee, Ozaukee,
Racine, Washington, and Waukesha

\$7.50 for all ages

Counties: All Other Counties

\$7.20 for all ages

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

**Thrivent Financial for Lutherans
4321 North Ballard Road
Appleton, WI 54919**

Consumer Service Telephone No. 1-800-847-4836

Form No. 12076 1-01

First-Year Commission: 10%

Health History Requested: Limited

Waiting Period: None

Must be eligible for membership.

Annual Premium - Basic Policy

Area (First 3 digits of zip code)
Zip Codes 530, 531, 534, 535, 537

Age	Amount
Under 70	\$1,354.00
70-74	1,438.00
75+	1,519.00

Zip Code 532

Under 70	\$1,489.40
70-74	1,581.80
75+	1,670.90

Zip Codes 538-549

Under 70	\$1,218.60
70-74	1,294.20
75+	1,367.10

Annual Premium - All Options

Area (First 3 digits of zip code)
Zip Codes 530, 531, 534, 535, 537

Age	Amount
Under 70	\$1,706.00
70-74	1,841.00
75+	1,957.00

Zip Code 532

Under 70	\$1,876.60
70-74	2,025.10
75+	2,152.70

Zip Codes 538-549

Under 70	\$1,535.40
70-74	1,656.90
75+	1,761.30

Premiums are based on issue age.

Annual Premium - Optional Benefits

Part A Deductible (\$876):

Zip Codes 530, 531, 534, 535, 537

Under 70	\$244.00
70-74	290.00
75+	321.00

Zip Code 532

Under 70	\$268.40
70-74	319.00
75+	353.10

Zip Codes 538-549

Under 70	\$219.60
70-74	261.00
75+	288.90

Thrivent Financial for Lutherans (Cont'd.)

Part B Deductible (\$100): Not offered

Part B Excess Charges:

Zip Codes 530, 531, 534, 535, 537		Zip Code 532		Zip Codes 538-549	
Under 70	\$69.00	Under 70	\$ 75.90	Under 70	\$62.10
70-74	74.00	70-74	81.40	70-74	66.60
75+	78.00	75+	85.80	75+	70.20

Additional Home Health Visits:

Zip Codes 530, 531, 534, 535, 537	Zip Code 532	Zip Codes 538-549
\$39.00 for all ages	\$42.90 for all ages	\$35.10 for all ages

Foreign Travel: Not offered

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Union Bankers Insurance Company
600 Courtland Street
Orlando, FL 32804

Consumer Service Telephone No. 1-800-824-3577

Form No. MS-4WI

First-Year Commission: Varies

Health History Requested: Detailed

Waiting Period: 90 Days

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$2,720.00	Under 65	\$4,379.00
65	1,764.00	65	2,573.00
70	1,951.00	70	2,965.00
75	2,282.00	75	3,563.00
80	2,720.00	80	4,379.00

Premiums are based on attained age.

Annual Premium - Optional Benefits			
Part A Deductible (\$876):	Age:	Under 65	\$1,024.00
		65	499.00
		70	626.00
		75	800.00
		80	1,024.00
Part B Deductible (\$100):	Age:	Under 65	\$100.00
		65	78.00
		70	88.00
		75	99.00
		80	100.00
Part B Excess Charges:	Age:	Under 65	\$251.00
		65	146.00
		70	180.00
		75	211.00
		80	251.00
Additional Home Health Visits:	Age:	Under 65	\$254.00
		65	68.00
		70	99.00
		75	147.00
		80	254.00

Union Bankers Insurance Company (Cont'd.)

Foreign Travel:	Age:	Under 65	\$30.00
		65	18.00
		70	21.00
		75	24.00
		80	30.00

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

United American Insurance Company
P.O. Box 8080
McKinney, TX 75070

Consumer Service Telephone No. 1-800-331-2512

Form No. MC48 R99

First-Year Commission: 26%

Health History Requested: Limited

Waiting Period: 60 Days

Annual Premium - Basic Policy

Age	Amount
64 and under	\$2,552.00
65	1,779.00
66-69	1,869.00
70-74	1,938.00
75-79	1,990.00
80+	2,019.00

Annual Premium - All Options

Age	Amount
64 and under	\$3,164.00
65	2,289.00
66-69	2,388.00
70-74	2,490.00
75-79	2,608.00
80+	2,710.00

Premiums are based on issue age.

Annual Premium - Optional Benefits

Part A Deductible (\$876):	Age:	64 and under	\$483.00
		65	383.00
		66-69	392.00
		70-74	422.00
		75-79	485.00
		80+	557.00

Part B Deductible (\$100): \$99.00 for all ages

Part B Excess Charges:	Age:	64 and under	\$ 15.00
		65	13.00
		66-69	14.00
		70-74	16.00
		75-79	18.00
		80+	19.00

Additional Home Health Visits: \$8.00 for all ages

Foreign Travel:	Age:	64 and under	\$ 7.00
		65-74	7.00
		75+	8.00

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

United Teacher Associates Insurance Company
5508 Parkcrest Drive
Austin, TX 78731

Consumer Service Telephone No. 1-800-880-8824 ext. 7001

Form No. MS-980801-UTA-WI

First-Year Commission: Varies

Health History Requested: Underwritten from Application **Waiting Period:** None

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Area 1 Zip Codes 535, 537-549,
530 - all others, 531 (01, 03,
05, 14-15, 18-21, 25, 27-28,
37-39, 47-49, 52-53, 56-57,
67-68, 70, 76, 78-79, 81,
83-85, 90-92, 95)

Under 65	\$2,006.89
65	1,206.87
70	1,443.38
75	1,665.19
80	1,907.52

Area 2 Zip Codes 532 and 534,
531 - all others, 530 (05, 07-08,
12, 17, 22, 24, 33, 37, 45-46,
51-52, 72, 76-77, 89, 92, 97)

Age	Amount
Under 65	\$2,327.14
65	1,399.45
70	1,673.71
75	1,930.91
80	2,211.92

Annual Premium - All Options

Area (First 3 digits of zip code)

Area 1 Zip Codes 535, 537-549,
530 - all others, 531 (01, 03,
05, 14-15, 18-21, 25, 27-28,
37-39, 47-49, 52-53, 56-57,
67-68, 70, 76, 78-79, 81,
83-85, 90-92, 95)

Under 65	\$3,097.19
65	1,917.72
70	2,255.39
75	2,588.91
80	2,932.44

Area 2 Zip Codes 532 and 534,
531 - all others, 530 (05, 07-08,
12, 17, 22, 24, 33, 37, 45-46,
51-52, 72, 76-77, 89, 92, 97)

Age	Amount
Under 65	\$3,573.53
65	2,205.66
70	2,597.40
75	2,984.15
80	3,382.49

Premiums are based on attained age.

United Teacher Associates Insurance Company (Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$840):

Area 1 Zip Codes 535, 537-549,
 530 - all others, 531 (01, 03, 05,
 14-15, 18-21, 25, 27-28, 37-39,
 47-49, 52-53, 56-57, 67-68, 70,
 76, 78-79, 81,83-85, 90-92, 95)

Age	Amount
Under 65	\$608.28
65	366.68
70	430.11
75	507.21
80	579.87

Area 2 Zip Codes 532 and 534,
 531 - all others, 530 (05, 07-08,
 12, 17, 22, 24, 33, 37, 45-46,
 51-52, 72, 76-77, 89, 92, 97)

Age	Amount
Under 65	\$705.35
65	425.19
70	498.74
75	588.15
80	672.40

Part B Deductible (\$100): \$112.00 for all ages in all areas

Part B Excess Charges:

Area 1 Zip Codes 535, 537-549,
 530 - all others, 531 (01, 03, 05,
 14-15, 18-21, 25, 27-28, 37-39,
 47-49, 52-53, 56-57, 67-68, 70,
 76, 78-79, 81,83-85, 90-92, 95)

Age	Amount
Under 65	\$164.34
65	109.28
70	129.10
75	142.43
80	150.02

Area 2 Zip Codes 532 and 534,
 531 - all others, 530 (05, 07-08,
 12, 17, 22, 24, 33, 37, 45-46,
 51-52, 72, 76-77, 89, 92, 97)

Age	Amount
Under 65	\$190.56
65	126.71
70	149.70
75	165.16
80	173.96

Additional Home Health Visits:

Area 1 Zip Codes 535, 537-549,
 530 - all others, 531 (01, 03, 05,
 14-15, 18-21, 25, 27-28, 37-39,
 47-49, 52-53, 56-57, 67-68, 70,
 76, 78-79, 81,83-85, 90-92, 95)

Age	Amount
Under 65	\$135.56
65	74.52
70	87.39
75	103.07
80	117.84

Area 2 Zip Codes 532 and 534,
 531 - all others, 530 (05, 07-08,
 12, 17, 22, 24, 33, 37, 45-46,
 51-52, 72, 76-77, 89, 92, 97)

Age	Amount
Under 65	\$157.19
65	86.24
70	101.34
75	119.52
80	136.64

United Teacher Associates Insurance Company (Cont'd)

Foreign Travel:

Area 1 Zip Codes 535, 537-549,
530 - all others, 531 (01, 03, 05,
14-15, 18-21, 25, 27-28, 37-39,
47-49, 52-53, 56-57, 67-68, 70,
76, 78-79, 81, 83-85, 90-92, 95)

Age	Amount
Under 65	\$70.02
65	48.27
70	53.31
75	58.91
80	65.09

Area 2 Zip Codes 532 and 534,
531 - all others, 530 (05, 07-08,
12, 17, 22, 24, 33, 37, 45-46,
51-52, 72, 76-77, 89, 92, 97)

Age	Amount
Under 65	\$81.19
65	55.97
70	61.81
75	68.31
80	75.47

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

United Wisconsin Insurance Company
401 West Michigan Street
Milwaukee, WI 53203

Consumer Service Telephone No. 1-800-204-7557

Form No. S-3510d 11/98
Senior Health Plan

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: 180 Days

Annual Premium - Basic Policy

Age	Amount
Under 65	\$2,060.40
65-69	1,143.60
70-74	1,488.00
75-79	1,699.20
80+	1,953.60

Annual Premium - All Options

Age	Amount
Under 65	\$2,928.00
65-69	2,011.20
70-74	2,355.60
75-79	2,566.80
80+	2,821.20

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): \$352.80 for all ages

Part B Deductible (\$100): \$94.80 for all ages

Part B Excess Charges: \$270.00 for all ages

Additional Home Health Visits: \$36.00 for all ages

Foreign Travel: \$114.00 for all ages

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

Wisconsin Physicians Service Insurance Corporation
Medicare Companion
1717 West Broadway
P.O. Box 8190
Madison, WI 53708-8190

Consumer Service Telephone No. 1-800-236-1448 or 1-608-221-8548

Form No. 20470-051-0301

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: 180 days, unless you had a continuous period of creditable coverage of at least 180 days. If your continuous period of creditable coverage was less than 180 days, we will shorten the 180-day waiting period by the time served under the prior coverage.

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
Zip Codes			Zip Codes		
530-532, 534 and Out of State			530-532, 534 and Out of State		
Zip Codes Rest of State			Zip Codes Rest of State		
Age	Amount	Amount	Age	Amount	Amount
Under 65	\$1,499.28	\$1,362.96	Under 65	\$2,189.52	\$2,013.12
65	925.44	841.32	65	1,315.56	1,212.60
70	1,274.04	1,158.24	70	1,747.80	1,606.68
75+	1,424.04	1,294.56	75+	2,027.64	1,860.96

Premiums are based on attained age.

Annual Premium - Optional Benefits			
		Zip Codes	Zip Codes
		530-532, 534 and Out of State	Rest of State
Part A Deductible (\$876):	Age: Under 65	\$441.24	\$401.16
	65	207.12	188.28
	70	278.76	253.44
	75+	408.60	371.40
Part B Deductible (\$100):	\$99.00 for all ages in all areas		
Part B Excess Charges:	Age: Under 65	\$108.00	\$108.00
	65	42.00	42.00
	70	54.00	54.00
	75+	54.00	54.00
Additional Home Health Visits:	\$24.00 for all ages in all areas		
Foreign Travel:	\$18.00 for all ages in all areas		
Catastrophic Prescription Drugs:	In basic policy—80% of charges over \$6,250.00		

World Insurance Company
P.O. Box 3160
Omaha, NE 68103-0160

Consumer Service Telephone No. 1-800-786-7557

Form No. A 2502 (4/99)

First-Year Commission: Age 65: 25%
 Age 80: 18%

Health History Requested: Detailed

Waiting Period: None

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$2,167.54	Under 65	\$3,142.38
65	1,139.98	65	1,690.47
70	1,410.04	70	2,075.00
75	1,691.37	75	2,490.56
80+	1,775.98	80+	2,707.20

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876):	Age:	Under 65	\$535.74
		65	278.70
		70	352.33
		75	422.15
		80+	484.80

Part B Deductible (\$100): \$96.00 for all ages

Part B Excess Charges:	Age:	Under 65	\$230.40
		65	123.83
		70	150.47
		75	178.73
		80+	181.21

Additional Home Health Visits:	Age:	Under 65	\$ 87.24
		65	26.49
		70	40.69
		75	76.85
		80+	143.74

Foreign Travel: \$25.47 for all ages

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

GROUP MEDIGAP POLICIES—TRADITIONAL INSURERS

This listing includes group plans offered through associations. You must be a member of that association in order to purchase the plan.

Bankers Life and Casualty Company*
222 Merchandise Mart Plaza
Chicago, IL 60654-2001

Consumer Service Telephone No. 1-800-621-3724 or 1-312-396-6000

Form No. GR-A032(99)

First-Year Commission: 6% Average

Health History Requested: Detailed

Waiting Period: None

Annual Premium - Basic Policy			Annual Premium - All Options		
Area (First 3 digits of zip code)			Area (First 3 digits of zip code)		
	Zip Codes 530-532	Zip Codes Rest of State		Zip Codes 530-532	Zip Codes Rest of State
Age	Amount	Amount	Age	Amount	Amount
Under 65	\$1,583.44	\$1,395.04	Under 65	\$2,326.46	\$2,060.38
65	857.88	755.23	65	1,231.52	1,093.96
70	1,037.88	913.74	70	1,505.56	1,336.48
75	1,273.95	1,122.10	75	1,855.62	1,645.08
80	1,583.44	1,395.04	80	2,326.46	2,060.38

Premiums are based on attained age. There is a different premium for each age between 65 and 80.

Annual Premium - Optional Benefits				
			Zip Codes 530-532	Zip Codes Rest of State
Part A Deductible (\$876):	Age:	Under 65	\$431.67	\$379.63
		65	198.00	174.11
		70	256.80	225.82
		75	332.94	292.69
		80	431.67	379.63
Part B Deductible (\$100):	Age:	Under 65	\$99.93	\$99.93
		65	84.22	84.22
		70	95.89	95.89
		75	99.93	99.93
		80	99.93	99.93
Part B Excess Charges:	Age:	Under 65	\$68.29	\$59.89
		65	40.58	35.67
		70	48.33	42.44
		75	57.49	50.40
		80	68.29	59.89
Additional Home Health Visits:	Age:	Under 65	\$104.40	\$91.85
		65	27.93	24.55
		70	40.15	35.35
		75	60.33	52.91
		80	104.40	91.85

* This is an association group plan. You must be a member of the association in order to purchase the coverage. Contact the insurer for more information.

Bankers Life and Casualty Company (Cont'd.)

		Zip Codes 530-532	Zip Codes Rest of State
Foreign Travel:	Age: Under 65	\$38.73	\$34.04
	65	22.91	20.18
	70	26.51	23.24
	75	30.98	27.05
	80	38.73	34.04
Catastrophic Prescription Drugs:	In basic policy—80% of charges over \$6,250.00		

Oxford Life Insurance Company
2721 North Central Avenue
Phoenix, AZ 85004

Consumer Service Telephone No. 1-877-469-3073

Form No. 5050-GMS-R-O, et al.

First-Year Commission: 10%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$1,127.14	Under 65	\$1,689.75
65	976.85	65	1,454.39
70	1,151.24	70	1,692.59
75	1,276.00	75	1,889.66
80	1,351.14	80	2,031.44

Premiums are based on issue age.

Annual Premium - Optional Benefits			
Part A Deductible (\$876):	Age:	Under 65	\$319.00
		65	259.45
		70	303.40
		75	358.70
		80	409.74
Part B Deductible (\$100):	\$ 99.00		
Part B Excess Charges:	Age:	Under 65	\$ 69.47
		65	55.29
		70	65.22
		75	72.31
		80	76.56
Additional Home Health Visits:	Age:	Under 65	\$ 45.37
		65	34.03
		70	39.70
		75	46.79
		80	53.88
Foreign Travel:	Age:	Under 65	\$ 29.77
		65	29.77
		70	34.03
		75	36.86
		80	41.12

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

United HealthCare Insurance Company
AARP Health Care Options
P.O. Box 130
Montgomeryville, PA 18936-0130

Consumer Service Telephone No. 1-800-523-5800

Form No. MS1565, CRA 1497-CRA 1498 **First-Year Commission:** None

Health History Requested: Limited **Waiting Period:** 3 Months

Counties Served:

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha

Area 2: Adams, Barron, Bayfield, Brown, Chippewa, Clark, Columbia, Dane, Door, Eau Claire, Florence, Fond du Lac, Forest, Green Lake, Iron, Juneau, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Oconto, Oneida, Outagamie, Pepin, Portage, Rock, Sauk, Sawyer, Sheboygan, St. Croix, Taylor, Vilas, Walworth, Washburn, Waupaca, Waushara, Winnebago, and Wood

Area 3: Ashland, Buffalo, Burnett, Calumet, Crawford, Dodge, Douglas, Dunn, Grant, Green, Iowa, Jackson, Jefferson, Kewaunee, LaCrosse, Monroe, Pierce, Polk, Price, Richland, Rusk, Shawano, Trempealeau, and Vernon

	Annual Premium - Basic Policy			Annual Premium - All Options		
	A*	B*	C*	A*	B*	C*
Area 1	\$1,803.00	\$1,070.16	\$1,587.24	\$2,229.00	\$1,324.32	\$1,960.08
Area 2	1,464.00	865.44	1,287.00	1,806.00	1,070.16	1,587.24
Area 3	1,338.00	791.16	1,178.04	1,650.00	977.76	1,451.88

Premiums are not age rated.

Annual Premium - Optional Benefits

Part A Deductible (\$876):	A*	B*	C*
Area 1	\$372.00	\$222.72	\$326.64
Area 2	300.00	180.00	264.00
Area 3	273.00	164.16	240.84

Part B Deductible (\$100): Not offered

Part B Excess Charges: Not offered

- * Rating Key
- A Rates for individuals under age 65 and disabled applying for coverage within 3 years of their Medicare Part B eligibility date. Rates reflect no discounts.
 - B Rates for individuals 65 and older applying for coverage within 3 years of their Medicare Part B effective date or 65th birthday. These rates include discounts for early enrollment, spouse, and electronic funds transfer (EFT).
 - C Rates for individuals applying for coverage more than 3 years after their 65th birthday or Medicare Part B eligibility date and meeting underwriting requirements. Rates reflect no discounts.

United HealthCare Insurance Company (Cont.)

Additional Home Health Visits:

	A*	B*	C*
Area 1	\$ 54.00	\$ 31.44	\$ 46.20
Area 2	42.00	24.72	36.24
Area 3	39.00	22.44	33.00

Foreign Travel: Not offered

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

- * Rating Key A Rates for individuals under age 65 and disabled applying for coverage within 3 years of their Medicare Part B eligibility date. Rates reflect no discounts.
- B Rates for individuals 65 and older applying for coverage within 3 years of their Medicare Part B effective date or 65th birthday. These rates include discounts for early enrollment, spouse, and electronic funds transfer (EFT).
- C Rates for individuals applying for coverage more than 3 years after their 65th birthday or Medicare Part B eligibility date and meeting underwriting requirements. Rates reflect no discounts.

Individuals applying for United HealthCare group Medicare supplement insurance must be members of AARP.

MEDIGAP POLICIES—MEDICARE SELECT

Medicare select policies began in 1992 to encourage managed care options in Medigap insurance. Medicare select policies are offered by HMOs and PPOs. HMOs are prepaid health plans. You pay the HMO a set premium each month for all covered services. You must use the doctors and hospitals that are connected to the plan. There is less paperwork if you join an HMO. PPOs will provide reduced benefits if you receive care from providers who are not connected to the plan.

All Medicare select policies contain similar benefits and these benefits are included in the basic policy. The only optional benefit that may be included in a Medicare select policy is a prescription drug benefit. The minimum required benefits and the optional benefits are described on page 12.

**Atrium Health Plan, Inc.
400 Second Street South, Suite 270
Hudson, WI 54016-1974**

Consumer Service Telephone No. 1-800-535-4041

Form No. X12497-R5

First-Year Commission: \$15.00 monthly

Health History Requested: Detailed

Waiting Period: None

Counties Served: Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Eau Claire, Iron, Pepin, Pierce, Polk, St. Croix, Sawyer, Trempealeau (Osseo zip code only), and Washburn

Annual Premium - Basic Policy

Age	Male	Female
0-64	\$2,187.48	\$1,870.08
65-69	1,280.76	1,133.40
70-74	1,643.40	1,405.44
75-79	1,983.48	1,700.04
80-84	2,323.44	2,006.04
85+	3,173.52	2,663.40

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

Bankers Life and Casualty Company*
222 Merchandise Mart Plaza
Chicago, IL 60654-2001

Consumer Service Telephone No. 1-800-621-3724 or 1-312-396-6000

Form No. GR-31F(99)

First-Year Commission: 18% Average

Health History Requested: Detailed

Waiting Period: None

Counties Served: Eau Claire, Marathon, Milwaukee, Oneida, Ozaukee, Sheboygan, and Waukesha

Annual Premium - Basic Policy

Age	Area (First 3 digits of zip code)	
	Zip Codes	Zip Codes
	530-532	Rest of State
Amount	Amount	Amount
Under 65	\$2,663.65	\$2,306.27
65	1,391.66	1,204.79
70	1,700.06	1,471.84
75	2,114.38	1,830.53
80	2,663.65	2,306.27

Premiums are based on attained age. There is a different premium for each age between 65 and 80.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: **

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Preferred provider plan which provides full benefits when you use plan hospitals.

** Does not apply as long as you use plan hospitals which agree to accept insurer's payment.

Blue Cross Blue Shield of Wisconsin*
401 West Michigan Street
P.O. Box 2025
Milwaukee, WI 53201-2025

Consumer Service Telephone No. 1-800-316-8520

Form No. S-3517b 11/98
Value Plus Select

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: 180 Days

Counties Served: Calumet, Fond du Lac, Manitowoc, Ozaukee, and Sheboygan

Annual Premium - Basic Policy

Age	Amount
Under 65	\$1,968.00
65-69	1,318.80
70-74	1,591.20
75-79	1,743.60
80+	1,917.60

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: **

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Preferred provider plan which provides full benefits when you use plan hospitals.

** Does not apply as long as you use plan hospitals which agree to accept insurer's payment.

Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717

Consumer Service Telephone No. 1-800-279-1301, 1-608-828-1301,
or TDD 1-608-827-4086

Form No. 6999-1001 (2003)

First-Year Commission: \$5.00 - \$15.00

Health History Requested: Limited

Waiting Period: None

Counties Served: Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Kenosha, Lafayette, Marquette, Racine, Richland, Rock, Sauk, Vernon, Walworth, Washington, and Waukesha

Annual Premium - Basic Policy

Age	Amount
Under 65	\$1,428.00
65-69	1,128.00
70-74	1,236.00
75-79	1,368.00
80-84	1,536.00
85+	1,836.00

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

Group Health Cooperative of South Central Wisconsin
8202 Excelsior Drive
Madison, WI 53744

Consumer Service Telephone No. 1-800-605-4327 or 1-608-251-3356

Form No. E86-181-6 (1/00)

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: Dane

Annual Premium - Basic Policy

Birth year up to and through 1924	\$1,998.00
Birth years 1925 - 1929	1,673.04
Birth years 1930 - 1934	1,420.32
Birth years 1935 - 1939	1,203.60
Birth years 1940 and later (disabled)	1,564.80

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

Health Tradition Health Plan
P.O. Box 188
LaCrosse, WI 54602-0188

Consumer Service Telephone No. 1-888-459-3020 or 1-608-781-9692

Form No. MC2577-08

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: None

Counties Served: LaCrosse, Buffalo, Crawford, Jackson, Monroe, Trempealeau, and Vernon

Annual Premium - Basic Policy

Age	Amount
Under 65	\$1,106.40
65-69	1,106.40
70-74	1,285.92
75-79	1,480.20
80-84	1,629.72
85+	1,749.36

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

MercyCare Insurance Company
P.O. Box 2770
Janesville, WI 53547-2770

Consumer Service Telephone No. 1-800-752-3431

Form No. MCSPJAN2000

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: Green, Jefferson, Rock, and Walworth

Annual Premium - Basic Policy

Age	Amount
Under 65	\$1,692.00
65-69	1,332.00
70-74	1,464.00
75-79	1,632.00
80-84	1,824.00
85+	2,184.00

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

**PHP Health Insurance Plan
P.O. Box 11625
Green Bay, WI 54307-1625**

Consumer Service Telephone No. 1-888-711-1444 (toll-free) or 1-920-490-6900 (local)

Form No. MC0501 04-03

First-Year Commission: 20%

Health History Requested: Detailed

Waiting Period: None

Counties Served: Brown, Door, Kewaunee, Manitowoc, Oconto, and Outagamie

Annual Premium - Basic Policy

Age	Amount
Under 65	\$1,338.00
65-69	1,218.00
70-74	1,401.00
75-79	1,554.00
80-84	1,679.00
85+	1,746.00

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

Physicians Plus Insurance Corporation
22 East Mifflin Street, Suite 200
P.O. Box 2078
Madison, WI 53701-2078

Consumer Service Telephone No. 1-800-545-5015 ext. 7016 or 1-608-282-8900 ext. 7016

Form No. P+3533-0111/02SRADV

First-Year Commission: \$10.00 to \$12.00

Health History Requested: Limited

Waiting Period: None

Counties Served: Columbia, Dane, Dodge, Green, Iowa, Jefferson, Rock, and Sauk

Annual Premium - Basic Policy

Age	Amount
Under 65	\$1,524.00
65-69	1,164.00
70-74	1,428.00
75-79	1,728.00
80+	1,944.00

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

Security Health Plan of Wisconsin, Inc.
1515 Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000

Consumer Service Telephone No. 1-800-472-2363 or 1-715-221-9555

Form No. INS-00016-01 (3/00)

First-Year Commission: 5%

Health History Requested: Detailed

Waiting Period: None

Counties Served: Adams, Ashland, Barron, Chippewa, Clark, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, and Wood

Annual Premium - Basic Policy

Age	Amount
Under 65	\$1,686.00
65-69	1,266.00
70-74	1,440.00
75-79	1,686.00
80-84	1,866.00
85+	1,980.00

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

Valley Health Plan, Inc.
P.O. Box 3128
Eau Claire, WI 54702-3128

Consumer Service Telephone No. 1-800-472-5411

Form No. VHP 2021 (10/02)

First-Year Commission: None

Health History Requested: Detailed

Waiting Period: None

Counties Served: Barron, Buffalo, Chippewa, Clark, Dunn, Eau Claire, Jackson, Pepin, Pierce, Polk, Rusk, St. Croix, Taylor, Trempealeau, and Washburn

Annual Premium - Basic Policy

Age	Amount
Under 65	\$2,064.00
65-69	1,332.00
70-74	1,632.00
75-79	1,800.00
80+	1,980.00

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

Wisconsin Physicians Service Insurance Corporation
WPS 65Plus
1717 West Broadway
P.O. Box 8190
Madison, WI 53708-8190

Consumer Service Telephone No. 1-800-236-1448 or 1-608-221-8548

Form No. 20517-051-0108

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: None

Counties Served:

Western: Buffalo, Crawford, Grant, Jackson, Juneau, LaCrosse, Monroe, Richland, Trempealeau, and Vernon

Central: Forest, Langlade, Lincoln, Oneida, Marathon, Portage, Price, Taylor, Vilas, and Wood

Annual Premium - Western Counties		Annual Premium - Central Counties	
Age	Amount	Age	Amount
Under 65	\$1,579.68	Under 65	\$1,950.00
65	926.04	65	1,240.80
66-69	926.04	66-69	1,240.80
70-74	1,089.60	70-74	1,459.92
75-79	1,361.64	75-79	1,824.60
80+	1,579.68	80+	1,950.00

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

MEDICARE COST INSURANCE

Medicare cost insurance is a special arrangement between the federal Centers for Medicare & Medicaid (CMS) and certain HMOs. The HMO agrees to provide Medicare benefits. The HMO may provide additional benefits at additional cost.

Medicare cost insurance will only pay full supplemental benefits if covered services are obtained through HMO plan providers. You must live in the plan service area to apply for Medicare cost insurance. The HMO plan providers are selected by the HMO.

In a Medicare cost insurance policy you are **not “locked in”** to the HMO plan providers for your Medicare benefits. Medicare will still pay its share of approved charges if the services you receive outside the network are services covered by Medicare. If you go to a health care provider who does not belong to your HMO without a referral from your HMO physician, you will pay for all Medicare deductibles and copayments. The HMO will not provide supplemental benefits.

**Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717**

Consumer Service Telephone No. 1-800-279-1301, 1-608-828-1301, or
TDD 1-608-827-4086

Form No. 6201-1003 (2004)

First-Year Commission: \$5.00 - \$15.00

Health History Requested: Limited

Waiting Period: None

Counties Served: Dane

Annual Premium - Basic Policy

\$1,080.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

The Medical Associates Clinic Health Plan of Wisconsin
1605 Associates Drive, Suite 101
Dubuque, IA 52001

Consumer Service Telephone No. 1-800-747-8900

Form No. 2004 Wisconsin.EOC

First-Year Commission: 15%

Health History Requested: Limited

Waiting Period: None

Counties Served: Crawford, Grant, Iowa, and Lafayette

Annual Premium - Basic Policy

\$1,104.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

**Network Health Plan
1570 Midway Place
Menasha, WI 54952**

Consumer Service Telephone No. 1-800-983-7587

Form No. NSP-202/5-99

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: Calumet, Fond du Lac, Green Lake, Manitowoc, Outagamie, Sheboygan, Waupaca, Waushara, and Winnebago

Annual Premium - Basic Policy

\$1,560.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$876): In basic policy

Part B Deductible (\$100): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.

MEDICARE+CHOICE INSURANCE

Medicare+Choice is a special arrangement between the federal Centers for Medicare & Medicaid Services (CMS) and certain insurance companies. Under this arrangement the federal government pays the insurance company a set amount for each Medicare beneficiary. The insurance company agrees to provide all Medicare benefits. The insurance company may provide some additional benefits, but it may also require payment of an additional premium. Beneficiaries under Medicare+Choice plans continue to pay the Part B Medicare premium to CMS. **Your Medicare+Choice plan can terminate at the end of the contract year if either the plan or CMS decides to terminate their agreement.**

Medicare+Choice plans are not regulated by the State of Wisconsin Office of the Commissioner of Insurance. Therefore, these plans are **NOT** required to cover Wisconsin mandated benefits, nor are the plans guaranteed renewable for life like the Medicare supplement plans listed in this booklet.

In Wisconsin, you have the choice among three types of Medicare+Choice plans depending if the plan is offered in your area. You can enroll in a health maintenance organization (HMO) plan, a preferred provider plan (PPP), or a private fee-for-service (PFFS) plan.

Medicare+Choice HMO Plans

Health Maintenance Organization Plans

If you enroll in an HMO that has a Medicare+Choice contract, you are “locked in.” This means that except for emergency or urgent care situations away from home, you must receive all services, **including Medicare services**, from HMO providers. If you go to a health care provider who does not belong to your HMO without a referral from your physician, you will be responsible for the entire cost of the services you receive **including Medicare costs**. To be eligible for an HMO plan, you must live in the HMO’s service area.

Medicare+Choice PPP Plans

Preferred Provider Plans

Medicare+Choice PPP plans are similar to HMO plans in that **if you enroll in a PPP plan, you are “locked in.”** In order to receive full coverage under the PPP option, you must receive all services, except for emergency or urgent care situations away from home, from PPP providers. However, you may receive services from providers outside the plan, but you will be required to pay out-of-pocket costs, such as higher deductibles and copayments.

Medicare+Choice PFFS Plans

Private Fee-For-Service Plans

Medicare+Choice PFFS plans differ from HMO and PPP plans because they allow you to go to any doctor, hospital, or health care provider that agrees to accept the PFFS plan's terms of payment. PFFS plans do not have contracts with doctors, hospitals, or health care providers. Therefore, you do not have to obtain a referral from the plan to go to a doctor, hospital, or specialist of your choice. However, you should verify that the provider is willing to accept the PFFS plan’s payment terms.

If you have questions or problems with a Medicare+Choice plan, contact the customer service department for CMS Region 5 at (312) 353-7180.

Gundersen Lutheran Health Plan, Inc.*
1836 South Avenue
LaCrosse, WI 54601

Consumer Service Telephone No. 1-800-897-1923

Form No. GLSP.EOC.2004

First-Year Commission: \$58.00

Health History Requested: None

Waiting Period: None

Counties Served: Jackson, LaCrosse, Monroe, Trempealeau, and Vernon

The following partial counties (by zip code) are also served:

Grant County: 53801, 53804, 53805, 53816, 53817, 53821, 53826, and 53827

Richland County: 53805, 53924, 53968, 54617, 54631, 54634, 54639, 54652, 54655,
and 54664

Sauk County: 53924, 53962, 53968, and 54634

Juneau County: 53929, 53962, 53968, 54618, 54634, 54638, 54641, 54660, and
54666

Buffalo: 54612, 54625, 54629, 54661, and 54747

Annual Premium - Basic Policy

\$696.00

Premiums are not based on age.

- * This is an HMO plan. Covers all Medicare services and some preventive health services. Requires a \$10 copayment for office visits and a \$40 copayment for emergency room services unless admitted immediately or within 72 hours. You must receive all services, including Medicare services, from HMO providers.

Humana Gold Choice*
500 West Main Street
Louisville, KY 40202

Consumer Service Telephone No. 1-866-464-7932

Form No. EOC-PFFS MW(03) **First-Year Commission:** \$100.00

Health History Requested: None **Waiting Period:** None

Counties Served: Statewide

Annual Premium - Basic Policy

Standard Policy	\$348.00
Value Policy	948.00

Premiums are not based on age.

- * Humana Gold Choice is a private fee-for-service plan. An insured may go to any doctor or hospital that accepts Medicare payments and the terms, conditions, and payment rates of the plan. Copayments and coinsurance do apply to the plan, and there is an annual out-of-pocket maximum of \$5,000.

Security Health Plan of Wisconsin, Inc.*
Advocare
151 Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000

Consumer Service Telephone No. 1-877-998-0998 or 715-221-9897

Form No. MC-836-0010-C-11-02 **First-Year Commission:** None

Health History Requested: None **Waiting Period:** None

Counties Served: Adams, Ashland, Barron, Chippewa, Clark, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Waupaca, Washburn, and Wood

Annual Premium - Basic Policy

\$900.00

Premiums are not based on age.

- * This is an HMO plan. Covers all Medicare services and some preventive health services. Requires a \$20 copayment for office visits and a \$50 copayment for emergency room services unless admitted (other than for observation) to the same hospital within 24 hours.

With few exceptions, you must receive all services, including Medicare services, from HMO providers. Exceptions are care for a medical emergency, urgently needed care, and renal (kidney) dialysis you receive when you are outside the service area.

UniCare Life & Health Insurance Company*
2100 Corporate Center Drive
Newbury Park, CA 91320

Consumer Service Telephone No. 1-888-445-8916, TTY 1-888-844-5530

Form No. 2003-CO-114 A **First-Year Commission:** \$15.00 per plan/per month

Health History Requested: Limited **Waiting Period:** None

Counties Served: Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Crawford, Dane, Dodge, Dunn, Fond du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jackson, Juneau, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Monroe, Oconto, Outagamie, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rusk, Sauk, Sawyer, Shawano,, Sheboygan, St. Croix, Taylor, Trempealeau, Vernon, Washburn, Washington, Waupaca, Waushara, and Winnebago

Annual Premium - Basic Policy

\$108.00

Premiums are not based on age.

- * UniCare is a private fee-for-service plan. An insured may go to any doctor or hospital that accepts Medicare payments and the terms, conditions, and payment rates of the plan. Copayments and coinsurance do apply to the plan, and there is an annual out-of-pocket maximum of \$5,000.

UnitedHealthcare of Wisconsin, Inc.*
Medicare Complete
10701 West Research Drive
Milwaukee, WI 53226-3452

Consumer Service Telephone No. 1-800-524-2448

Form No. WI EOC 2004 A and B **First-Year Commission:** Varies from \$0 to \$97.00

Health History Requested: None **Waiting Period:** None

Counties Served: Milwaukee, Ozaukee, Washington, and Waukesha

	Basic Policy	Premium Policy
Annual Premium	\$0	\$780
Copayment Amounts		
Doctor Office Visits	\$20 per visit	\$15 per visit
Urgent Care (worldwide)	\$25 or \$50 per visit	\$25 or \$50 per visit
Emergency Care (worldwide)	\$50 per visit	\$50 per visit

Premiums are not based on age.

- * This is an HMO plan. Covers all Medicare services and preventive services. Copayments, coinsurance, and out-of-pocket maximum apply. With a few exceptions, you must receive all services, including Medicare services, from HMO providers. Urgent care and emergency care copayments are waived if admitted within 24 hours.

THE WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

The Wisconsin Health Insurance Risk Sharing Plan (HIRSP) also offers a Medicare supplement plan to those who are under 65, on Medicare because of a disability, and unable to find adequate coverage through a private insurer. However, individuals under age 65 who apply for the HIRSP Medicare supplement plan during their open enrollment period may be subject to the 6-month pre-existing condition waiting period set forth by HIRSP. There are subsidies available to low-income participants. For more information call:

Administrator
EDS
HIRSP - Suite 18
6406 Bridge Road
Madison, Wisconsin 53784-0018
1-800-828-4777

The Department of Health & Family Services HIRSP Coordinator can be reached at (608) 266-2833.